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STATE LUNATIC ASYLUM.

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AMERICAN
JOURNAL OF INSANITY,
FOR OCTOBER, 1880.

PROCEEDINGS OF THE ASSOCIATION OF
MEDICAL SUPERINTENDENTS.

The Thirty-Fourth Annual Meeting of the Association was called to order at 11 A. M., May 25, 1880, in Parlor C, of Continental Hotel, in the City of Philadelphia, by the President, Dr. Clement A. Walker.

The minutes of the last meeting were read.

The following members were present during the sessions of the Association:

J. K. Bauduy, M. D., St. Vincent's Institution for the Insane, St. Louis, Mo.

D. T. Boughton, M. D., State Hospital for the Insane, Mendota, Wis.

J. P. Brown, M. D., State Lunatic Hospital, Taunton, Mass.

Peter Bryce, M. D., Alabama Insane Hospital, Tuscaloosa, Ala. —

R. M. Bucke, M. D., Asylum for the Insane, London, Ontario.

D. R. Burrell, M. D., Brigham Hall, Canandaigua, N. Y. —

H. A. Buttolph, M. D., State Asylum for the Insane, at Morristown, Morris Plains, N. J. —

John H. Callender, M. D., Tennessee Hospital for the Insane, Nashville, Tenn. —

T. B. Camden, M. D., West Virginia Hospital for the Insane, Weston, W. Va. —

John B. Chapin, M. D., Willard Asylum for the Insane, Willard, N. Y.

Daniel Clark, M. D., Asylum for the Insane, Toronto, Canada. —

H. F. Carriel, M. D., Hospital for the Insane, Jacksonville, Ill.

John Curwen, M. D., Pennsylvania State Lunatic Hospital, Harrisburg, Penn.

Theo. Dimon, M. D., Asylum for Insane Criminals, Auburn, N. Y. —

- B. D. Eastman, M. D., Topeka Insane Asylum, Topeka, Ks. ✓
Orpheus Everts, M. D., Cincinnati Sanitarium, College Hill, O.
F. T. Fuller, M. D., Assistant Physician, Insane Asylum, ✓
Raleigh, N. C.
W. W. Godding, M. D., Government Hospital for the Insane, ✓
Washington, D. C.
John P. Gray, M. D., State Lunatic Asylum, Utica, N. Y.
Richard Gundry, M. D., Maryland Hospital for the Insane, ✓
Catonsville, Md.
John C. Hall, M. D., Friends' Asylum for the Insane, Frankford, ✓
Philadelphia, Pa.
Henry M. Hurd, M. D., Eastern Michigan Asylum, Pontiac, ✓
Mich.
Walter Kempster, M. D., Northern Hospital for the Insane, ✓
Winnebago, Wis.
Thomas S. Kirkbride, M. D., Hospital for the Insane, Philadel- ✓
phia, Pa.
A. E. Macdonald, M. D., City Lunatic Asylum, Ward's Island, ✓
New York City.
C. F. MacDonald, M. D., Binghamton Asylum for the Insane, ✓
Binghamton, N. Y.
S. B. McGlumphy, M. D., Dakota Hospital for the Insane, Yank- ✓
ton, Dakota, Ter.
C. S. May, M. D., Danvers Lunatic Hospital, Danvers, Mass.
W. G. Metcalf, M. D., Asylum for the Insane, Kingston, Ontario.
C. A. Miller, M. D., Longview Asylum, Carthage, Ohio.
D. A. Morse, M. D., Dayton Asylum for the Insane, Dayton, ✓
Ohio.
Charles H. Nichols, M. D., Bloomingdale Asylum for the Insane, ✓
New York, N. Y.
Geo. C. Palmer, M. D., Michigan Asylum for the Insane, Kala- ✓
mazoo, Mich.
T. O. Powell, M. D., Georgia Insane Asylum, Milledgeville, Ga. ✓
Isaac Ray, M. D., Philadelphia, Pa.
Joseph A. Reed, M. D., Western Pennsylvania Hospital for the ✓
Insane, Dixmont, Pa.
D. D. Richardson, M. D., State Hospital for the Insane, Warren, ✓
Pa.
Joseph G. Rogers, M. D., Indiana Hospital for the Insane, In- ✓
dianapolis, Ind.
John W. Sawyer, M. D., Butler Hospital, Providence, R. I. ✓
S. S. Shultz, M. D., State Hospital for the Insane, Danville, Pa. ✓

† G. A. Shurtleff, M. D., Asylum for the Insane, Stockton, Cal.

James T. Steeves, M. D., Provincial Lunatic Asylum, St. John,
New Brunswick.

J. Strong, M. D. Cleveland Asylum for the Insane, Cleveland,
Ohio.

I. D. Thompson, M. D., Mt. Hope Retreat, Baltimore, Md.

Clement A. Walker, M. D., Boston Lunatic Hospital, Boston,
Mass.

John W. Ward, M. D., New Jersey State Lunatic Asylum,
Trenton, N. J.

† H. Wardner, M. D., Southern Hospital for the Insane, Anna, Ill.

J. H. Worthington, M. D., Baltimore, Md.

John S. Woodside, M. D., Assistant Physician, Kings County
Lunatic Asylum, Flatbush, N. Y.

Also,

Alfred T. Livingston, M. D., Philadelphia.

I. N. Kerlin, M. D., Superintendent of the Institution for Feeble
Minded Children, Media, Pa.

Mr. Gardner A. Churchill, Trustee of the Lunatic Hospital,
Danvers, Mass.

Mr. Geo. W. Jones, Trustee of the Willard Asylum for the
Insane, Willard, N. Y.

Dr. Traill Green, Trustee of the Pennsylvania State Lunatic
Hospital, Harrisburg, Pa.

Dr. Wm. Corson, Commissioner of the State Hospital for the
Insane, Warren, Pa.

John C. Allen and Henry Haines, Managers of the Friends'
Asylum for the Insane, Frankford, Philadelphia, Pa.

The President announced as the Committee on Busi-
ness, Drs. Kirkbride, Ray and Curwen.

On motion of Dr. Gray, it was

Resolved, That the members of the medical profession of
Philadelphia be invited to attend the meetings of the Association.

The Secretary read letters from Drs. Harlow, Stearns
and Reynolds, expressing their regret in being unable
to attend this meeting. Also from Miss Dix, expressing
kindest regards to the members. Also an invitation

from Dr. J. N. Kerlin, of the Institution for Feeble Minded Children, at Media, to visit and spend a day at that Institution, which was referred to the Committee on Business.

The Secretary also stated that Dr. Kirkbride had received an invitation from President Allen, of Girard College, to visit that Institution; also that it was probable that an invitation would be received to visit the new hospital at Norristown.

On motion of Dr. Curwen, Dr. I. N. Kerlin was invited to take a seat with the Association.

On motion of Dr. Nichols, a recess of twenty minutes was taken to enable the Committee on Business to arrange the business of the Association.

On re-assembling, the President announced the following committees:

Committee on Resolutions, Drs. Nichols, Bucke and Bryce. On Time and Place of next Meeting, Drs. Clark, Kempster and Shurtleff. To Audit the Treasurer's Accounts, Drs. Gundry, Eastman and May.

The Committee on Business made the following report, which was unanimously adopted:

Continue this session to 1 p. m.; meet at 4 p. m.

Wednesday, leave the hotel at 9.30 A. M. for the Department for Males, of the Pennsylvania Hospital for the Insane; hold a meeting there at 10.30 A. M.; adjourn at 12 M. to visit the wards; dine at 2 p. m. Leave at 4 p. m. for the Department for Females; hold a meeting there at 5 p. m., and leave the Hospital at 9.30 p. m. for the hotel.

Thursday, meet at 10 A. M. for business; adjourn at 1 p. m.; visit Girard College at 4 p. m.

Friday, meet at 10 A. M. for business; adjourn at 12 M.; leave West Philadelphia at 2.30 p. m., by special

train for Friends' Asylum at Frankford; return in the evening.

Saturday, meet at 10 A. M. for business.

The Treasurer then laid before the Association his accounts, which were, on motion, referred to the Auditing Committee.

Dr. Steeves then read to the Association the memorial of Dr. John Waddell, which was, on motion, directed to be entered on the minutes of the Association.

The committee appointed to prepare a memorial record of the death of the late Dr. John Waddell, of Canada, a member of this Association, beg leave to present the following:

John Waddell, whose father was a native of Shotts, Scotland, was born in Truro, Nova Scotia, on March 17, 1810. He was the youngest son of Rev. John Waddell, an eminent Presbyterian clergyman, and brother of the late James Waddell also a distinguished member of the Presbyterian church. The early part of his education was received at the Grammar School in Truro; subsequently he attended the Pictou Academy, where he spent several years completing a full course of liberal culture. At the end of this period he engaged in business, continuing for one year, but finding this enterprise uncongenial, it was abandoned. In the year 1834 he commenced the study of medicine, in his native place, under the preceptorship of Dr. Lynd. He next proceeded to Glasgow, continuing his medical studies there, and on the 18th of October, 1839, he received his diploma from the Royal College of Surgeons, London. After obtaining his degree the Doctor attended medical lectures in Paris during the winter of 1839 and 1840. In the summer of 1840 he returned to Truro, Nova Scotia, and entered upon the practice of his chosen profession. During the following nine years he was engaged in general practice, and being eminently successful he extended his name and fame far beyond the immediate sphere of his labors. In 1849 Dr. Waddell was appointed Medical Superintendent of the Provincial Lunatic Asylum, at St. John, New Brunswick, and in December of that year he entered upon the duties connected therewith. In the management of this Institution the Doctor found a sphere congenial to his order of mind, and soon won a reputation more than provincial. In a

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pre-eminent degree he possessed the qualities of mind and heart to insure success in his chosen field. His administrative ability was of a high order; he was prudent, practical and economical in his management, and averse to the use of too definitely written rules, preferring a frequent resort to himself as the authority in the house which he controlled. His fine personal, gentlemanly bearing, suave manner, and cheerful disposition, gained for him at once the confidence and esteem of associates, and the public as well. Whilst Dr. Waddell was urbane, generous and forgiving, yet he possessed great firmness of character. When opposed in his cherished views or plans his opponent found a "foeman worthy of his steel." Dr. Waddell continued Superintendent of the Asylum at St. John, from December, 1849, until the first of May, 1875, a period extending upwards of twenty-six years, and during all that time he labored with great assiduity, and with marked success, in the medical treatment of the patients, the general management of the house, and in all that pertained to the prosperity of the Institution. Far the best part of his life was devoted to a noble purpose, caring for the helpless and insane, going in and out among them at all hours of the day and night, ministering to their diseased bodies and minds, performing the office of a faithful physician. Early in the history of this Association, Dr. Waddell became an active member, taking a deep interest in its work, and earnestly promoting its welfare. His agreeable social qualities, varied information, and practical good sense made him a great favorite among the members of the Association.

On the Doctor's retiring from the superintendence of the Asylum he again took up his residence in Truro, his birthplace, where he himself and his friends hoped that he might enjoy many years of quiet and peace after his arduous life duties had been so well performed. But this hope was not realized, the good Doctor had almost finished his course, he had well nigh fallen before his armor was removed. The watching, the anxiety too long continued, without sufficient aid, had so wrought upon his physical system and mind that a nervous affection fastened upon him to which he soon succumbed. On Thursday, the 29th of August, 1878, our friend, a Christian gentleman, passed away peacefully to his rest and his reward.

JAMES T. STEEVES. ;
CALVIN S. MAY.

The Secretary read a telegram from Dr. C. H. Hughes, conveying good wishes and prosperity to the members, and regretting his inability to attend this meeting.

Dr. May introduced to the Association, Mr. Gardner A. Churchill, Trustee of the Danvers Hospital for the Insane, Mass., and Dr. J. B. Chapin also introduced Mr. Geo. W. Jones, Trustee of the Willard Asylum for the Insane, Willard, N. Y.

On motion of Dr. Gray, the Association adjourned to 4 P. M.

The Association was called to order by the President, at 4.30 P. M.

Dr. BRYCE. Mr. President: Perhaps I ought to state that, when I was appointed to prepare this memorial sketch, I wrote to Dr. Powell, the successor of Dr. Thomas F. Green, and in presenting the facts, he tendered this memorial, which I did not think proper to change at all, but left it as it is.

Dr. Bryce then read the memorial of Dr. Thomas F. Green, prepared at the request of the Association, which was, on motion, directed to be entered on the minutes of the Association.

Dr. Thomas F. Green was born in Beaufort, S. C., on the 25th of December, 1804; he died in Midway, Ga., on the 13th of February, 1879, of apoplexy, while Superintendent of the Georgia Lunatic Asylum. His parents were of the best class of Irish people. His father, a warm-hearted, highly-educated, enthusiastic young Irish patriot, joined in the ill-fated rebellion of 1798, was forced to flee the country; his wife, who was a Fitzgerald, a lady of noble blood, came with him to America.

He had no fortune save his talents, no friends save those whom he won by his virtues.

He began to teach, and as a teacher, came to Beaufort, S. C. Here his eldest son, Thomas Fitzgerald, was born. He removed to Savannah, Ga., where he taught a high school, and was

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He had no fortune save his talents, no friends save those whom he won by his virtues.

He began to teach, and as a teacher, came to Beaufort, S. C. Here his eldest son, Thomas Fitzgerald, was born. He removed to Savannah, Ga., where he taught a high school, and was

elected a Professor in Athens, in the Georgia University. He afterwards removed to Milledgeville, the capital of Georgia, and here the son was educated. He was past his majority when he studied medicine and began to practice. He located in Milledgeville, and was doing well as a physician, when the current of his life was changed and turned into a direction which was to be full of blessings to his race. A Northern philanthropist who was interested in the welfare of the insane, visited Milledgeville, to suggest and advocate the establishment of an asylum for them.

He called a meeting of a few gentlemen of broad views and generous hearts, and laid his plans before them. The warm heart of Dr. Thomas F. Green became much interested in the great question presented, and he gave it close attention. He was connected with the first effort made to secure the grant from the Legislature.

In 1846 he succeeded Dr. Cooper, as Superintendent of the Asylum. He continued in the office for thirty-three years. It was very small when he took hold of it. It became a grand institution—one of the largest in the Southern States—when he was called by death from it. Dr. Green, in person, was short, stout, of broad, grand, humane countenance; in his youth, handsome; and in his old age, venerable. He was full of life, cheerful, merry, courteous, considerate. He was a sincere Christian, in his home life, a model; one of the most benevolent and unselfish of men. He was devoted to the Institution, he literally lived for the Asylum. He thought of it, talked of it all the time. His success in the management of it was marvelous, and the blessed results of his work can not be told in time. He was a delightful companion, a true and sympathizing friend, a man whom all loved, and one worthy of all the honor heaped upon him. The moral grandeur of his character was best illustrated by the interest he manifested in the unfortunate.

Dr. Gundry, from the committee to audit the Treasurer's accounts, reported the accounts correct.

The receipts, \$287.89, the expenditures, \$172.65, and the amount on hand, \$115.24, and they also recommended an assessment of five dollars on each member, for this year.

On motion, the Association adjourned.

MAY 26, 1880.

The Association was called to order at the Department for Males of the Pennsylvania Hospital for the Insane, by the President, at 11 A. M.

Dr. Curwen introduced to the Association, Dr. Traill Green, Trustee of the Pennsylvania State Lunatic Hospital, and Dr. Wm. Corson, Commissioner of the State Hospital for the Insane, Warren, Pa., who were invited to take seats with the Association.

Dr. KIRKBRIDE. By some inadvertance at the meeting at Providence, last year, I omitted to do what I had fully intended—to move the election of Dr. Daniel Hack Tuke, of England, as an honorary member of this Association. I beg leave, now, to do what I omitted to do then. I need scarcely add that Dr. Tuke is too well known to all the members of this Association, to require anything to be said by me in reference to him, his character or his services in our specialty. His name is known as belonging to a family that, probably, has done more to alleviate the condition of the insane, than any other in Europe. He is a well known author and critic, and, above all, he has been particularly just, at all times, to his American brethren. I am sure that many members who know him personally will agree to all I have said in reference to him.

Dr. GRAY. I second the motion. I am sure I can confirm all Dr. Kirkbride has said, from personal observation.

Dr. NICHOLS. I think the Association must be ready for the question, Mr. President.

The motion was unanimously agreed to.

Dr. C. F. MacDonald then read to the Association, the report of a case of Feigned Epilepsy. Published in this JOURNAL for July, 1880.

The PRESIDENT. Gentlemen of the Association, the subject of feigned epilepsy is before you. Has any gentleman anything to offer on it?

Dr. NICHOLS. Mr. President, it seems to me it would be interesting if the members of the Association, present, would briefly report any cases of feigned epilepsy that have come under their

observation. With an experience, now, of upwards of thirty years in the care of the insane, and somewhat longer experience in the profession, I have met only one case, and that was not an insane man. It was in the general naval hospital that was established on the grounds of the Government Hospital for the Insane, on the breaking out of the war. Not long after it was established, a sailor feigned epilepsy for the purpose of obtaining his discharge from the service. It was detected by the surgeon in charge, the late Dr. Ninian Pinckney, of the navy, and, of course, the patient did not gain his object. I saw that man in several of the paroxysms. He was not, of course, a medical man. He was a sailor, perhaps rated as a landsman. He had not been educated. While his feigning was rather clumsy, I thought it remarkable that a man in his position should be able to do it as well as he did. After he had been pronounced a malingerer, I had a conversation with him, in respect to his epilepsy, and he told me he had seen but one man have a fit in his life—and that was a fellow sailor—so that his imitation was that of a single example of epilepsy, and it was really quite remarkable that he did it as well as he did.

My own impression is that feigned epilepsy is quite uncommon in this country; that the class of men who have an object in feigning disease of any kind, is very little acquainted with epilepsy. Then there is a dread of the disease, that makes men of that class shrink from it, if it occurs to them to feign it—a dread, I mean of the effects of feigning it upon themselves.

Dr. GODDING. I listened, with a great deal of interest, to the paper and the description of the simulated form of insanity, of which, in my experience of about twenty years in hospitals, it brought to mind, as it did to Dr. Nichols, but a single case. I have seen in hysteria fits feigned, but they are a class by themselves, unlike the one just described. The case observed by me was a malingerer from a State prison. The man was brought to the institution for the insane, suffering, apparently, from deep melancholia, but clearly a case of malingering. He was put in a small ward, for observation, and in that ward was an epileptic who always fell in a peculiar manner and with a peculiar cry. One morning, as I was making my tour through the wards, I passed this malingerer, sitting beside the epileptic patient. I had hardly done so, when he arose and gave a cry perfectly imitating the epileptic man, and fell in the same manner as he would fall. I was convinced he was playing it. I caught him up, stood him on his feet and told him to behave himself, and he did behave—slinking back to his seat in

a sheepish way. He was sent back to prison the next day, with the report that he was a malingerer.

Outside of the criminal class, I am satisfied it is rarely if ever, that this malingering takes place. I have met with but this one case where there was an attempt made to imitate epilepsy.

Dr. BUTTOLPH. I was much interested in the incidents of the case related by Dr. MacDonald, and feel obliged to him for the pains he has taken in collating the facts. I have no special experience of a similar kind to relate.

Dr. GRAY. A number of years ago, a man was sent from the jail of Westchester County, New York, to the asylum at Utica, under the charge of forgery, with a certificate of mania with epilepsy. The insanity was said to have come on soon after his arrest. He was an intelligent, good-looking young man, and evidently had considerable education. When brought to the asylum he had on a military coat with heavy stuffed breast, and passed under the name of Major Edward H. Merritt. His history afterwards developed a great number of *aliases*.

He had a fit shortly after he was brought in, in my presence. He suddenly began to turn his head to one side with a tremulous motion, and with a convulsive movement of the right arm and hand, beginning with the thumb, then, uttering a slight cry he sank to the floor. I noticed no change in color, no pallor preceeding the convulsion, though I was looking at him when he passed into the fit. I took out my watch and remarked that he had been rather slow in falling and added, "I will now time the phases of this attack," and kept talking until he had continued in the fit five or six minutes. I made no experiments with him, that is, did not attempt to open his eyes, or indeed did not attempt to interfere with him at all. After coming out of the fit he scrambled over the floor, rubbed the saliva over his face, which had been slightly tinged with blood. After he got up he looked about in a confused manner and muttered to himself.

The history given by the officer who brought him was, that he had passed several forged checks on parties in Boston, Mass., and in Westchester County, N. Y., some years previous to his arrest and then disappeared; that about ten days before his arrest he attempted the same thing, and was identified and arrested. On entering the jail he complained of pain in the back of his head, the next day he became wild, and for three days was highly maniacal, noisy, boisterous, raving about military matters and had convulsions. We got, subsequently, the history that on a former occasion

he had assumed the name of Stansbury, and passed a forged draft upon persons having a military academy in Westchester County, proposing to pay something in advance for a relative whom he desired to place there. He received in return a certain amount of cash, the difference between the draft and the proposed payment. He had victimized other schools about the same time in that vicinity. When he appeared again in the neighborhood, as Major Merritt, he was detected and immediately arrested and placed in jail to await his trial for the offense. On his admission to the asylum, and for a few days afterwards, he manifested rather a condition of dementia and silliness, and no maniacal symptoms. Soon after this he manifested another epileptic attack, fell upon the floor and immediately passed into a convulsion. I timed him again, examined the condition of his muscles and his eyes, and was satisfied, as before, that he was feigning, and said, while he was in this fit that he was prolonging the first stage entirely beyond anything reasonable. I said to him: "Now, you are putting some things not necessary in the fit, and leaving other things out; on the whole it is a good fit and you have very good command of yourself, but it is a fraud and not worth while repeating." I then told him to get up, that there was no use in attempting anything further, and he said afterwards that he had lost his reckoning and was confused by what was said to him while he was feigning the convulsion, and added, "I would like to have a private conversation with you." He then said, "Yes, it is put on; I will give in." He said, however, that he had been insane and had had epilepsy, and referred me to several persons to whom I immediately wrote, and confronted him with the replies of one of these gentlemen, but he reiterated his previous assertions of having been insane and immediately fell and passed into a violent convulsion.

I have alluded to his stuffed coat. An attendant afterwards examined it and thought there were papers in it, and opening the lining from the inside, we found a number of blanks from various business houses and banking establishments, and letters apparently from a number of distinguished persons in the State of New York, in Washington, Pennsylvania, Missouri, Kentucky and Massachusetts, places where he afterwards admitted he had practiced his various crimes of passing counterfeit money, forgery, &c. We found one letter of recommendation directed to the president of one of the seminaries in the State of New York. This, subsequently, led to his recognition as a person who, under some other name, had not long before passed a forged draft upon that institution. We

found one letter and some memoranda showing that he had operated rather extensively in Missouri, and by addressing one of the parties, a woman, succeeded in getting through the post office a letter from her showing that she was a confederate in all his matters there. He afterwards said that he had practiced mental disturbance or these fits for a great many years, whenever he was placed in a position of evident danger, and that in a number of instances he had got off as "a poor epileptic;" that he had been in both prisons and asylums as the result of his crimes, and that from them he had been released by feigning epilepsy and insanity.

Dr. NICHOLS. Asylums or prisons?

Dr. GRAY. I am giving what he said, but he was in both and escaped from both.

Dr. NICHOLS. You said asylums in your remarks, but I thought prisons were meant by what followed.

Dr. GRAY. He had been convicted by a jury, and been sent to an institution as an insane person, having epilepsy and mania, and, in some instances, had escaped punishment on the plea of genuine epilepsy and genuine insanity. He had some scars about him. He told me that he usually cut his tongue with a little sharp point that he kept on his little finger nail, that he could sharpen enough to cut the side of his tongue and produce the necessary amount of blood for the saliva in epilepsy. He said he had studied the subject very carefully, and up to that time it had been as good a refuge as a man could have in a day of trouble. He was, subsequently, remanded to jail and sentenced to Sing Sing.

By the way, while he was in the asylum, he took some letters that I gave him to examine, and imitated them so perfectly, that it was difficult to tell which were the genuine and which were the counterfeit. He had recommendations such as he gave to the various places to secure admission to institutions of learning, as an agent for various persons, or to secure favor until he had accomplished his object. Among the letters of recommendation, he had one purporting to be from Governor Seymour. This he had written, he said, while in Washington. He had written to Governor Seymour, saying he was there for a position, and was the son of a friend of the Governor's, that he did not ask the Governor to recommend him, but to say that his father was a respectable man and prominent in politics. He said he knew that he, the Governor, could not recommend him personally, but it would give him the means of communicating with the authorities. His object was to get the handwriting and the signature of the

Governor. He had forged recommendations from a number of other persons, such as Hon. C. M. Clay, of Kentucky; Governor Hunt, of New York, and numbers of letters of bankers of New York, Boston and Philadelphia. He said he had secured the signatures of bankers by having a *bona fide* small transaction with them. In that way he could easily write a letter and attach their signature. Sometimes he would write the letter as though it were written by a clerk, and sign the name of the firm.

That was a number of years ago, fifteen or sixteen at least. He was tried after leaving Utica, and sent to Sing Sing prison, and was pardoned out on letters and recommendations forged by himself, getting his case before the governor for pardon, by means of a few of the letters that had escaped observation in another part of his clothing. He did not keep all his treasures in one place. Since that time he has figured under various names, and within two years has feigned paralysis, getting out of prison by feigning that disease, and securing a pardon before the expiration of his sentence, appealing to the sympathies of persons as a "poor helpless paralytic." I did not, at the time, or afterwards, report this case of Merritt, because after getting out of Sing Sing prison in the manner stated, he was brought before the United States authorities in connection with manufacturing and passing counterfeit United States money, and came under the notice of Major Bolles, of Washington, who then asked me for all the various papers I had. Merritt then passing under some other name having mentioned me, Major Bolles wrote to me. I sent him the various papers and matters of evidence we had of Merritt's crimes and of his feigning, and Major Bolles made a report of the case in the *Old and New*.

The articles were published in the numbers for February and March, 1871, under the title "*Porter-Humphreys-Hardin*," which were but three out of a multitude of *aliases* which this man had assumed during his extraordinary career. The first article is confined chiefly to an account of his exploits during the six months of 1869, in which he was at large, after having escaped from the State Lunatic Hospital at Worcester, Mass., to which he had been transferred, on the pretense of insanity, from the Penitentiary at Charlestown, to which he had been sentenced in 1865 for ten years, on account of forgery and swindling at Pittsfield, under the assumed character of the "rebel Major General Humphreys," recorded on the prison books with an "*alias Hardin*." It was under this last name that he kept up a long correspondence with Gerritt

Smith, in which his skill in forgery enabled him to create the impression that he had an irresistible array of petitions, testimonials, &c., to bring to bear upon the Governor for his pardon, signed by many of the most distinguished men in the country, generals, senators, clergymen and others. In fact, by such means he did once obtain a pardon from Governor Seymour after his discharge from the Utica Asylum, in 1862. This very successful campaign of 1869 was distinguished by an exploit at Fredonia, Chautauqua County, where he succeeded in passing himself off as "Governor Porter, of Arkansas," he having been a pupil in the Fredonia Academy in 1853 and 1854, his *real* name being Porter, and having boarded with two ladies by the name of Higgins, whom on this occasion he swindled with a forged draft for fifty dollars, in pretended consideration for their former kindness. After several other forgeries and bank frauds, he disappeared, to turn up at Quincy, Ill., in November, 1869. In December he was recaptured and returned to Charlestown to serve out his sentence.

It appears that he began his career of crime at an early age. Before 1862 he had operated under more than fourteen *aliases*, in almost half the States of the Union. He was in Sing Sing from March, 1862, to December, 1863; in Fort Warren, Albany Penitentiary and Fort Delaware, from March, 1864, to October, 1865; in Kentucky jails and State prison from September, 1866, to May, 1867, and from October, 1867, to June 1869, in the prisons and insane hospital of Massachusetts, where he was returned in December, 1869, after six months' liberty. It is almost impossible to give any adequate idea of his phenomenal skill in crime, without copying the whole of Maj. Bolles' papers.

The second article, (March, 1871), gives what is of more interest to the profession, his *five* different attempts, mostly successful, to pass himself off as insane, and to feign epilepsy. The first of these was in Westchester, in 1859, after being arrested for a forged check, under the name of *Westcott*. In jail, before trial, he so well counterfeited insanity as to deceive several physicians, and the District Attorney entered a *nolle prosequi*, when he was transferred to the Almshouse, whence he soon disappeared.

The second was at Cape Girardeau, in 1861, under the name of *Benjamin*, a relative of Senator Judah P. Benjamin, after being indicted for forging a check. In jail, and when brought into court, he simulated acute mania, by incessant and frightful outcries, struggles, howls, oaths and foaming at the mouth, till the court felt obliged to release him as insane, when he soon disappeared again.

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The third was in 1862, at Sing Sing and Utica, under the name of *Merritt*, where he swindled a gentleman whom he had once before victimized under the name of Stansbury. In jail, at White Plains, he was examined by three physicians, two of whom pronounced him insane. After an exhibition in court, Judge Robertson, although he suspected him of feigning, ordered him to Utica, where he was detected, as already related. He was remanded for trial and sentenced in December, 1862, but pardoned in December, 1863, on the urgent application of Ex-Governor Hunt, who had been led to believe, by his forged letters, that Merritt was a nephew of United States Senator Colquitt, of Georgia!

The fourth was at the Charlestown State Prison, in 1868, about five months after his sentence for the Pittsfield crime, and was successful enough to cause his transfer, in June, to the Lunatic Hospital at Worcester. Here, notwithstanding his simulation of "paroxysmal mania," he was detected in conspiring with others in plans for escape, and was sent back to prison in July.

The fifth was in February, 1869, when he played his trick so well again that the Commissioners resolved to have him sent to Worcester again, "for further observation." Dr. Bemis appears to have retained his opinion, unchanged, that the man was an "unmitigated rascal." His appearance and condition are thus described in *Old and New*:

"When I saw him in February," says Dr. Bemis, "he was apparently a drivelling idiot. He had refused food until he was really ill. His beard and face were covered with saliva, his hair uncombed, his clothes slipping off from his body, his eyes closed much of the time, he rolling upon the floor or bed; and, when raised up, drooping down again quickly, and all the while engaged in repeating, in a muttering manner, broken sentences, sometimes referring to the war, and sometimes to his own sufferings.

With all this appearance, his muscular efforts were perfect, complete, and graceful.

On admission to the hospital, February 16, 1869, he evidently acted. Came in cringing, and shrugging his shoulders, but recognized those whom he met here before."

"Dr. Tyler, of the McLean Insane Asylum, was one of the commissioners that examined Hardin in January and February, 1869. In a letter to me, written after Hardin was last sent to Worcester, he says:

Hardin was in a very reduced state, apparently very weak, thin in flesh, haggard in looks, in constant motion, starting as if frightened, muttering, and often making a loud noise, so as to create a disturbance. His pulse was high, his tongue was dry, skin clammy. He refused food, vomiting what he was made to take, and retching when he had not been taking food. He passed many sleepless nights consecutively, being watched, and the testimony showing that he was not still a moment.

I believed him insane. Dr. Bemis thought him *shamming*. I have no doubt but he *shammed*. I think he made symptoms. I think he did things which he could have helped; and all for the purpose of appearing insane, and so being transferred to a hospital, and so escaping.

But I do not believe he made *all*, nor do I think a sane man would conduct as he did. The very fact of his doing just as he did, and being able and willing to do so, was a proof of insanity."

I have no doubt this man was an expert in feigning. He was a man of pleasant address, and said to me that when he had leisure and time, and was not really in the presence of a doctor he thought he could give a very good fit, and deceive almost any one. As Dr. Godding has said, I have seen hystero-epileptic fits, but they are a very different class from feigned epilepsy.

Dr. SHURTLEFF. I have not observed any case where the party relied, in his acting, upon convulsive fits alone. In the trial of a notorious case in Sacramento, Cal., last fall, for murder, the defense was insanity. The defendant pretended to be an epileptic, but the rôle he played was that of *petit mal*. He pretended to have fainting spells, and did, at one time, show slight convulsive movements in those spells, as I am informed, and afterwards he exhibited attacks of violent mania. He evidently had obtained some knowledge from a previous trial, or from some articles that had been written upon the obscure forms of epilepsy. The forms of his insanity, as manifested, were various and mixed, and very clumsily and ignorantly simulated. He pretended also to be partially paralyzed, that one side of his tongue was affected in that way. As evidence that his conduct was that of a malingerer, after the jury had decided that he was sane, and he was informed by the sheriff that he would be executed on the day appointed, his mind became lucid. He attended to the affairs that needed attention, as to business, as any man would who was about to die. He had no more attacks of paralysis, or of *petit mal*, or of mania. This is the only case I have to report. I have seen no case of feigned epilepsy of the convulsive or *grand mal* variety.

Dr. CAMDEN. I have no cases of the kind referred to in the paper to report. There was one case during the war, I believe, of pretended epilepsy. He was a spy who came from the southern army into our country, and having gathered up all the news he could around the town, would go back and report. He came in once just before a raid, got all the points he wanted, and went back, after having a few fits. I was talking to an officer about it some time after, and he said "was old Fitty in," I said "yes, what

about him?" He said he was one of the best spies they had. He can go into a town and have a fit or two, and afterwards walk about the town and stores and gather up the points very accurately, even to drawing fortifications, &c. I have not come across any such cases in hospital life.

Dr. BAUDUY. I do not know that I have much to add to what has been said. I took great interest in the ability and skill displayed by the Doctor in recognizing this case. We all know the difficulty of recognizing a genuine case from one that is well feigned. As regards the vertiginous characteristics, I would think an expert physician would not be mistaken in that respect. As regards the fainting and falling to the ground and the convulsive manifestations, it occurs to me that there are numerous tests by which the false may be recognized from the genuine. The condition of the sphincters is a matter of the greatest importance, their relaxation during the convulsive paroxysms constitutes a point of diagnostic significance. It occurs to me that the sudden appearance of pallor, in the commencement of the attack, would be an invariable means of recognizing these doubtful cases. This pallor can not be readily simulated. There are persons who can blush and cry, and otherwise control the vaso-motor centers to a great extent; but genuine pallor can not be well imitated. Then accompanying sleep or stupor can be certainly recognized as to genuineness. As to the laceration of the tongue, there are two varieties of convulsions, the epilepsy where the hypoglossal nucleus is involved, in which the patient bites the tongue, and the opposite form, where the tongue is not bitten. Only one case of alleged feigned epilepsy has come under my observation. This was rather a so-called case of feigned epilepsy. He is now in the State Penitentiary, at Jefferson City, Missouri. I was impressed from all that had been gathered that it was not a feigned case, but the authorities judged otherwise, and he was convicted of murder and sent to prison. The circumstances are somewhat peculiar. The person is a young German by the name of Max Klinger, who atrociously murdered his uncle, a man who had befriended him, and had always been kind to him. It appeared during the legal examination of the case, three trials having taken place before it was finally adjudged, that this boy had always been kindly treated by his uncle. There was no quarrel and no incentive whatever for the crime. This boy of about eighteen, instead of killing his uncle at night, shot and murdered him from behind, one morning as he was opening his tailor shop. The boy then made an onslaught

on his aunt, without any previous quarrel or known occasion for anger. He then, without washing the blood from his hands, or even putting on his coat, with the pistol still in his pocket, got on a train bound for Jefferson City. On the authorities telegraphing that they believed he was on the train, he was captured in one of the cars and brought back to St. Louis. It was stated on the trial of the case that he had declared to a neighbor, if his uncle scolded him any more he would certainly kill him, and therefore the ground of premeditation was taken by the prosecution, as antagonistic to the possible assumption of epileptic insanity. The State Attorney took the ground that premeditation was inconsistent with all forms of epileptic insanity. At the time of the first trial, which was some years before the case was finally disposed of, I took the ground that the prisoner was an epileptic. That was previous to the time that I had had the opportunity of reading the articles of Dr. Echeverria and others, taking the ground that premeditation is not necessarily inconsistent with epileptic insanity. The reason why I judged the boy to have been an epileptic, and therefore entitled to the benefit of a doubt on the subject, (which would save him, at least, from being hung), was, first, the motiveless character of the crime; that there had been no quarrel, but on the contrary, his uncle was his friend. Secondly, the boy bore a well-marked depression of one of the cranial bones. It had been admitted during the trial, by deposition, that in Germany, whilst playing in a barn, he had received an injury causing this cranial depression; and that subsequently, during his childhood, he had had a number of epileptic attacks. Depositions of a surgeon to that effect were read during each of the three trials. Notwithstanding this, it was claimed by the State's Attorney, as he had never been seen to have had an epileptic attack during his sojourn in this country, that therefore the theory of epileptic fury was not tenable, notwithstanding the authentic character of the depositions to which I have just alluded. He was sentenced to the penitentiary for life, and narrowly escaped being hung. The character of the crime having been motiveless, and the murderous onslaught having been on several persons, the history of epilepsy in childhood, and the cranial depression, all concurred to make me believe that the homicide had been committed, either in a paroxysm of mental or larvated epilepsy, or at least during a pre or post epileptic outburst. It is possible, also, that he might have had some form of nocturnal epilepsy, without its being noticed, or a form so masked that it was not recognized, or, perhaps, the intervallary

condition described by Salnet. He has now been in the State Penitentiary, at Jefferson City, seven or eight years, I think, and has never been known to have had any attack of epilepsy during his incarceration.

I mention the case simply because it was one that elicited considerable attention at the time. I took the ground, and still take it, that he was entitled to the benefit of the doubt, as the victim of some form of epileptic insanity.

Dr. GRAY. The Doctor referred to the slight pallor of the face at the commencement of the attack, to which I alluded in my remarks. I have seen this in many cases. It would only be observed as one of the earliest phenomena, and it is usually very transient.

On motion of Dr. Curwen, the further discussion of the paper was postponed until the meeting at five o'clock.

After passing through the wards of the Department for Males, and partaking of the bountiful collation provided, and then at 4 p. m. passing through the wards of the Department for Females, the Association was called to order at 5.30 p. m., by the President.

The President read a letter from Dr. Joseph Workman, expressing his continued interest in the Association, and his regret at his inability, by reason of advancing years, to attend this meeting; also a letter from Dr. E. Mead, regretting his inability to be present with the Association at this time.

The PRESIDENT. Discussion on the paper read this morning, on "Feigned Epilepsy," is now in order.

Dr. EVERTS. Four years' constant observation of soldiers in the field, from the special observation of a regiment, to the general observation of a corps, furnishes me with recollection of but one case of feigned epilepsy; and I do not credit myself with any particular sagacity in detecting the case, because I succeeded through the soldier's captain (the man had imposed upon his officers and comrades), in getting the malingerer thrown off his guard, to have a fit for my special benefit, by appointment.

A doubtful case occurred in Indianapolis, last year, complicated by homicide. The commission of the homicide was so atrocious as to create a prejudice against the prisoner. He was tried, and defended on the ground of insanity, incidental to epilepsy. The testimony respecting the epilepsy was somewhat conflicting, opinions being divided among those who had observed the manifestations of the disorder. The prisoner listened, himself, to the testimony with a great deal of attention. He was convicted, but got a new trial. He began immediately to exhibit epileptic convulsions, or, perhaps, simulated convulsions, in jail. He was observed by several physicians, who did not agree in opinion, some pronouncing the disorder epilepsy, and others regarding it as hysterical, or feigned epilepsy. He was convicted on the second trial and executed. I believe it was the atrocity of the deed, and the absence of a motive, (which to many minds would be an indication of insanity), that secured the verdict against him. It was, at least, a doubtful case. These are the only two cases that occur to my mind.

This paper, however, was interesting to me in the light of its bearing upon medical jurisprudence. It was interesting, too, in a psychological point of view, as demonstrating the fact that all minds are very much interested in the biography of successful and ingenious criminals, and also in the ingenuity of excellent and successful detectives.

DR. CLARK. I am afraid if he had not been a criminal, and thus rousing suspicion, that I would have been deceived also, as well as others had been before, by this adroit imitator. Most gentlemen would have been led astray under the circumstances, were it not that his being a criminal, and having motives to assume these fits, would lead us very strongly to suspect him, especially if these simulated seizures were not consistent throughout. I do not attach so much importance as some do to certain symptoms, manifest, it may be, in a majority of such cases. The particular turning of the thumbs towards the palms of the hand is not always found. Neither should the relaxed condition of the sphincters be taken as an absolute test in such cases. Neither is that particular pallor referred to always present. A number of characteristic symptoms should be grouped together and considered, in a case where any suspicion rest, before a positive opinion could be given. I confess if that man had come under my observation, and had imitated epilepsy so well in all its details, as stated by Dr. MacDonald, I should have been slow in coming to a conclusion as to its being a case of feigned epilepsy or not.

Dr. HURD. There seems to be on the part of many patients whose minds are enfeebled, a desire to make themselves notorious by imitating the characteristics of patients who attract a good deal of attention. I have a patient who has been under treatment for a number of years who simulates epilepsy quite successfully. He has, of course, witnessed many attacks among his associates, and has learned to simulate them by crying out, falling down and imitating other characteristic phenomena of the disease. He acts thus because he knows that it affects other patients unpleasantly, and creates consternation among new patients. After an attack is over, he has been known to confess privately to the attendant, in a jocular way, that it was feigned. In my opinion much of the feigning of epilepsy among the *insane* in *asylums*, (I do not refer to the criminal insane where another motive is present), is of this character and must be considered merely a symptom of dementia.

Dr. BROWN. I think I have seen no cases of feigned epilepsy, and therefore I am not in a position to speak on the subject. I was very much interested in the reading of the paper.

Dr. DIMON. I do not think I can add anything to what has been said on the subject, only to make a practical suggestion from experience with feigning epileptics among criminals, and that is, of a means of settling the question whether a particular paroxysm is feigned or not. To ascertain whether it is a paroxysm of *grand mal* or a feigned one, try something that the person does not expect, that he has no reason to believe will be applied to him as a test, and the effect will generally be to restore him immediately to consciousness long enough to prove that the epilepsy is feigned. We are in the habit in Auburn prison, where attacks are not unfrequently feigned, of making an application of a bucket of ice-cold water. It will, almost invariably, restore a feigned case to sudden temporary consciousness, which would not be the case in true epilepsy. This simple practical suggestion, as a means of testing any doubtful case, is all I have to offer on the subject.

Dr. RAY. I have no case to relate, but I beg permission to call attention to one fact in the case related by Dr. MacDonald which does not seem to attract the notice, I think, its significance demands. You will observe that the degree of perfection which this man had obtained in simulating epilepsy was the result of a great deal of practice, starting probably with some very demonstrative examples of the disease. It is an all-important point every time, and at all times, and especially so in these cases where simulation is suspected, to ascertain the person's history. This is always needed in

order to make assurance sure. When a man exhibits epilepsy under a criminal record, and it appears from the evidence in the case that he has never manifested the disease before, or had an opportunity of seeing it—and such facts may be, in some cases, established, and in many more cases, be rendered very probable—I can hardly conceive that there should be any doubt left as to the true character of the case. I can hardly conceive how a practical expert can help detecting a case of pretended epilepsy occurring in a man who has had no practice, no experience, who knows it only by hearsay. Hence the propriety always of ascertaining the history of these people. I must say I consider it about impossible that a person who had never had experience of this kind, can so simulate a fit of epilepsy as to deceive any man of any skill at all.

There is another consideration suggested by the reading of the paper. Experts themselves are liable to put too much stress upon their own personal experience. They are apt to form an ideal of epilepsy upon cases which have made the strongest impressions upon their minds; and yet they may not represent the disease absolutely. We all know that epilepsy, as well as other diseases, has numerous phases that may not be easily brought under the same category; and unless the expert can emancipate himself from the conception which a few cases have left upon his mind, I think his test may fail.

DR. A. E. MACDONALD. I can not say that I have had any very recent experience that bears upon the subject of Dr. MacDonald's paper. Since my connection with the insane asylum, I do not know that I have had a case of feigned epilepsy. The few malingerers I have had, feigned insanity without the accompaniment of the convulsive condition. But some years ago while connected with the hospital for epileptics, in New York, I saw a good many cases of feigned epilepsy. They were mainly inmates of the prisons of the department, who feigned epilepsy in order to be transferred to the hospital, on account of the greater liberties and ease they would have there. As a rule, the feigning was very bunglingly done, and detection was not a difficult thing.

I have seen feigning too of the convulsive seizures on the part of those who were really epileptics. They would do this at times for the purpose of securing immunity from work, or better diet. I have seen one case also which was similar, in one respect, to the one described by Dr. MacDonald, though the person was really an epileptic. He was a thief, and his confederates used him for the

same purpose that the man Dr. MacDonald described had been used, that is as a decoy for victims. Of course, in hospitals he had every opportunity of observing the seizures in others, and also had experience himself; and they found him very valuable in gathering a mob and enabling them to pick pockets. He was certainly a very clever feigner of the convulsions, and it was often difficult to say whether the convulsion was real or not. An important point that the Doctor reports, is the insensibility to pain that the man manifested, or rather his power of control and display of insensibility to it. That is very characteristic of these men. I have often myself been very much impressed with their power to control any manifestation of the sort where tests were made upon them. This feigning of epilepsy, or a convulsive condition, as a gentleman has said, is, I think, not very common in this country; but in the larger cities of England it is very common, and the policemen there have a rough and ready test based upon the supposed sensibility to pain, the nail of the policeman's thumb being pushed under the nail of the patient's. The pain that that produces is generally sufficient to determine pretty accurately when there is feigning. But in the case of Dr. MacDonald some of the severest pain must have been suffered, and the patient controlled himself without making any sign.

DR. KEMPSTER. I have no experience to relate in reference to feigned epilepsy in hospitals for the insane. But during the war I had charge of a malingerers' ward in a hospital at Baltimore, where those men who had escaped the vigilance of the field surgeons and others, were sent, before final discharge. While connected with that branch of the service, we had brought, into that institution, a soldier. I can best describe his appearance, perhaps, by saying that he was a lean, lantern-jawed man, with sallow complexion. He was described as an epileptic. He had bloody saliva, and in great abundance. The rotation was well marked, and many of the common signs, but from certain observations I was led to believe that the man was a malingerer.

Dr. MacDonald has incidentally touched upon the part played by the emotions. It is to illustrate this point, that the case is related. At the time mentioned I had an associate, now Surgeon Kidder, of the Navy, who was quite happy in preparing all sorts of expedients to test malingerers with, and it was determined that we would test the emotional nature of this man, on the first opportunity. It was directed that the man should be constantly under guard, and when a fit occurred, the officers should be imme-

diately notified. I happened to be passing the guard-house one day, and as I passed the door the man gave a scream and fell in a fit. We immediately arranged a bucket of water and a tin basin, and I remarked to my assistant that I had a remedy which I thought would kill or cure, and we would soon decide which. I snapped a lancet over the jugular and let the water trickle into the basin, remarking, frequently, upon the large quantity of blood the man was losing. He rallied, rapidly, from the fit, and looked quite astonished when he saw no blood. It was his last effort, there, in feigning in that direction. He then acknowledged to us that he had been in various field hospitals at the front, had been examined, very closely, by a number of surgeons, and all had given him up as an epileptic. We were anxious to learn how he made such a great quantity of froth come from his mouth. We found that he had, in his mouth, a piece of soap, and by working his tongue against it he could get a very respectable amount of froth out. He acknowledged that he had watched genuine epileptics, and had observed those symptoms which are considered characteristic. He had convulsions, I remember, only on one side of the body, and in many other ways, simulated, very completely, an epileptic attack. The reasons why we believed him to be a malingerer, were briefly these: The paper that came with him to the institution, stated that he had been an epileptic for twenty years; but it seemed that his visage was altogether too sharp—his eyes too bright and his face too clear for an epileptic of such long standing, and who had fits as severely and often as this man was represented to have had them. Thus, I was led to assume, as did Dr. MacDonald, that he was a malingerer, and the sequel proved that my surmises were correct.

Dr. C. F. MACDONALD. I agree with Dr. Bauduy, as to the diagnostic value of a relaxed condition of the sphincters, and if I failed to find it in a doubtful case, I am inclined to think I would attach a little more significance to the fact, negatively, than would my friend, Dr. Clark, judging from his remarks upon that point.

As regards the importance of pallor as a diagnostic sign, we all know how difficult it is, in the majority of cases, to determine its presence or absence. The period and very transient nature of its occurrence are such that physicians are rarely able to see cases prior to and during the stage of paleness. Besides, as stated in the report of the case, some excellent authorities maintain that pallor is not a constant symptom in epilepsy. In presenting the case of Clegg to the notice of the Association, no claim of superi-

ority in diagnostic skill, or in the power of detection, is made, the object being simply to place on record what seemed to me to be a rare and remarkable instance of simulation of disease. Remembering the frequency of spurious cases at the criminal asylum, and how strong the inducements are, among convicts undergoing penal servitude, to feign illness in order to avoid the discipline and discomforts of prison life, it is easy to understand why the medical officers of such an institution naturally acquire a tendency to regard with suspicion, cases coming from prison, until the existence of real disease is fully established. Then, too, the opportunities there for observing such cases were probably better than those had by physicians who saw Clegg in the streets and elsewhere outside of institutions.

The opinion, in this case, was not based upon the presence or absence of any single condition or manifestation, but upon the case in its entirety. His history and legal status suggested points of inquiry and suspicion; while the paroxysms were marked by the absence of several conditions which are common, if not constant, in real epilepsy, and also the presence of certain non-epileptic manifestations, all of which, together, are inconsistent with the disease.

As to whether it is easy or difficult to detect feigned epilepsy, depends, I should say, in each instance, upon the knowledge and skill of the impostor, as well as upon that of the observer.

Dr. CURWEN. I have nothing, specially, to say on this particular case. I have been requested to give some account of a case which attracted some notoriety in Pennsylvania, within the last two years, and which, for some time, was under my care. The man had attempted to poison the whole family, and actually did poison his father, mother and a man living in the house, and was arrested and placed in prison. There he had a constant succession of epileptic attacks of a very severe character, as was reported. The prison physicians gave him a number of quite severe trials to test whether they were feigned or not. They decided it was true epilepsy. The case came up in court, and opinions were divided, among medical men, but the jury finally agreed on a verdict of murder in the first degree, and he was sentenced. Then the attacks came on worse than they had been before, until the counsel made application to the Court for a commission to examine into his condition. That commission consisted of a lawyer and two eminent medical men, and they examined the case very carefully, and one of them declared he had never seen a more con-

firmed attack. The commission decided that his mind was affected in consequence of the epilepsy, and on their report, the Court ordered him to be sent to the hospital at Harrisburg. Within an hour after his admission he had one of his attacks, and the attendant, who was familiar with epileptic seizures, said the attack was not like the attacks he had seen other patients have.

A few days afterwards, on going through the ward, I spoke to the man, and had gone a few feet further, when I heard a peculiar noise. The man had carefully rolled himself off the bench, and this peculiar noise was the knocking of his feet on the floor. By the time I reached him the attack was over. These attacks continued to diminish in frequency and force, for some considerable time. I was familiar with the history of the man, from having heard all the testimony, in court. I placed him under the usual treatment for epilepsy, and the attacks gradually diminished, month after month, until December, 1878. I think that was the last attack recognized by anybody in the Institution. From the 14th day of December, 1878, to April, 1880, he was never seen to have anything like an attack, and during all that time he had been comparatively quiet and pleasant. Part of the time he had been occupied in various ways. He was very ingenious in the handling of tools, and made a great many curious things, of wood. The impression of many minds is, that it was a case of feigned epilepsy. I will not give my own impression, at this time; it has yet to be given.

A MEMBER. How long did the patient remain under treatment for the epileptic seizures?

Dr. CURWEN. He was under treatment for the epilepsy about one year, and the treatment stopped a short time after the cessation of the epileptic attacks.

Dr. NICHOLS. I have never treated epileptics under circumstances which afforded them a motive for feigning the disease, and I have never seen such a case. If such cases occur in any patient under my care, I have certainly been deceived about it. I hardly think it can have occurred. I have been trying to recall whether in my reading, I had ever read of a case of feigned fits on the part of epileptics, and was therefore very much interested in the fact that two competent observers here have stated, one of them that he had one epileptic and the other several to feign epilepsy. I hope that these facts will be distinctly recorded in the minutes of our proceedings for they are to me new and interesting. I have had insane persons feign other manifestations of insanity, and had

during and subsequent to the war, particularly some very interesting cases of malingery who had deceived army surgeons; for example a man who had feigned deafness, dumbness, and blindness, thought to have proceeded from the concussion of the bones from the explosion of a shell near his head. He deceived me for some time. Finally, it turned out to be manifestly and entirely feigned. The association will expect to hear from the President before the discussion closes, I think.

DR. WALKER, (President). I thought the peculiar province of the President was to give the casting vote, *always!*

I have never seen any feigned epilepsy in a hospital for the insane. I have had several cases. I recall three now of feigned epilepsy in the House of Correction, of which I am physician in the county of Suffolk. One of the cases was a woman. She had a fit every day. I accepted it as a case of epilepsy, because she had been at Deer Island, and constantly in the hospital there, or at the Tewksbury almshouse, and always placed on the sick list there; or kept among the invalids, and therefore, I assumed it to be a case of epilepsy and not feigned.

The regularity of the fits became a matter of interest, from the fact that they occurred every day, about an hour or an hour and a half before the regular medical visit. Whenever I visited her, I found the countenance swollen, and somewhat livid, precisely like that of the epileptic after a recent fit, and the pillow always covered with blood. The nurse's account of it was, that the fit was very severe indeed, and as I have said, had occurred about an hour, or an hour and a half, prior to the visit. The master of the institution had complained to me of the appearance of things in the hospital. He said that the managers had come around and found the bed covered with blood, and the place looking like a pen after the slaughtering of pigs. I told him that the matron was to blame, that I could not prevent the attack. The next day, looking at her, I said, "I wish you would put off having your fit, until I get here, to-morrow morning." She looked at me out of the corner of her eye, with more venom than I had been accustomed to see in that class of patients, and it instantly occurred to me that she was a malingerer. I said, "two can play at that game, and you will lose. Give this practice up, to-day." She did not give it up for two weeks. I had no means of coercing her, except by giving her gruel, and I did so, thinning and salting it, more and more, every day. At length, one morning, I saw she was not disposed to yield, and I told her that she would be dis-

charged, and consigned to the keeper's tender care, and the Lord have mercy on her. The morning following, the matron told me that she had said she would give up. She had sworn never to work in a public institution. She told where she had studied fits, and having seen them in the hospital, she had learned to feign them, with the accompaniments. She promised to go to work, if I would discharge her from the hospital, and put her on house diet. I did so, and went away, forgetting to ask her where the blood came from. She had pretended that it came from the stomach, and was vicarious and all that sort of thing. Afterwards, I asked where the blood came from. She said "it was from the stomach, and was vicarious." I said, "you may go back to your room and gruel, and take it another three weeks, until I get the truth." She then showed me her finger nail that was sharpened to a point. I had her go to bed, and she put her finger in her mouth, and carried it around her gums, and immediately poured out the blood, as she had been doing weeks and months before. She was immediately returned to the work-shop, never had a fit there, and never had one at Deer Island. Whether she did at the other place, I do not know. She knew the report would go to Deer Island, and she could not play the game, successfully, there again.

The other case was that of a soldier who had his fits in the shop always. He had been frequently remanded to the hospital, and everything would be over before the physician could get there. One day they sent for me and I went over very rapidly. They were taking him from the shop to the hospital, and the hospital officer not being there, they laid him down on the side-walk. As I was approaching him he had a convulsion both sides violently convulsed, one hand knocking against the pavement. I put my foot on it to keep it still. He instantly transferred the rapping over to the left arm and hand, while the right lay placidly on the walk; of course that told the story in his case. He went into the hospital and was kept for two or three weeks on the thin and salted gruel. At the end of that time he gave it up and went to his work.

I have never seen a case of feigned epilepsy in an insane hospital, but in prisons, where they might get better diet and more comfortable quarters, they feign it to escape from the shops. I have not been accustomed to regard pallor as a constant attendant upon epilepsy, at all, and do not regard it as one of the distinct signs of that disease. It is certainly protean in its forms and hard to deal with.

The paper was then laid on the table.

The PRESIDENT. I am happy to say that Dr. Ray will favor the Association, this afternoon, by giving us a paper.

Dr. RAY. Mr. President and gentlemen. I am obliged to crave your indulgence. I have prepared nothing for this meeting, but finding there is a hitch in this matter of papers, and lest it might be considered that we have done less than we ought, and given more time to recreation than we have to actual improvement, I have consented to read something germane to the general subject of cerebral disease.

Dr. Ray then read a paper on the "Increase of Mental Disorders."

On the conclusion of the reading of the paper, on motion, the Association adjourned to 10 A. M., Thursday.

After adjournment the members witnessed the calisthenic exercises, and after some time spent in social entertainment returned to the hotel.

MAY 27, 1880.

Miss Dix was present and introduced to the members.

The Association was called to order at 10.30 A. M., by the President.

The Secretary read invitations from the President of the Board of Trustees of the State Hospital for the Insane, at Norristown, to visit that Hospital; from the Librarian of the Library Company, of Philadelphia, to visit the buildings of that company, and from the Trustees of the Women's Medical College, which were referred to the Committee on Business. A communication was also received from the Committee of Arrangements of the American Medical Association, inviting the members to attend the meetings of the Association, in New York, and also to attend the reception at the Academy of Music, which were, on motion, accepted.

The first business in order being the discussion of the paper read by Dr. Ray, on motion, it was, at the request of Dr. Ray, laid on the table.

Dr. John B. Chapin read a paper on "Experts and Expert Testimony."

Dr. KEMPSTER. I do not know that I have anything specially to offer, excepting to confirm, so far as my limited experience goes, some of the statements made in the paper. Experts are sometimes required to give testimony before the evidence is all in upon a hypothetical question, made up, not so much in accordance with the facts elicited at the time as upon the information of the attorney or advocates by whom the expert may happen to be called. In the State of Wisconsin there was a remarkable case bearing upon this particular point, a case that I called the attention of this Association to some years ago. It was one in which an insane woman shot a physician of the City of Milwaukee, while she was under the influence of delusions. She was put upon trial, and very strenuous efforts were made to convict the woman. It was apparent, not only to the court and jury, but to the community, that certain parties who ought not to have exerted influence in any direction, were exerting a very decided influence against the woman. The case proceeded in the usual way, experts were called by both sides, and the jury brought in a verdict of murder in the first degree, and she was remanded awaiting sentence. The judge who had ruled in the case did not seem to approve of the unusual manner in which she had been convicted, and, while the woman was awaiting sentence, directed two physicians, one of whom had been called as an expert, in the case, to examine the woman while she was in jail, and inform him of her condition; this within a few days after the finding of the jury who convicted her of murder. The expert, together with the other physician, visited the woman in jail, examined her and it was apparent to both, as it would have been to any one with any powers of observation, that the woman was insane, and they accordingly reported to the court their opinion that she was insane at that time. The judge, then, in accordance with the law in our State, made out a commitment for her, and sent her to one of the hospitals for the insane, and she is still confined there, but in this rather anomalous condition, that she has been found guilty of murder, by jury, a committee is appointed to

determine her sanity or insanity, after the trial and finding of the jury that she was not insane at the time of the homicide, notwithstanding all that, and after she is found guilty and awaiting sentence, she is sent to an insane asylum, and is there detained according to the order of the court before whom she was tried, and is unquestionably insane. It seems to me that one way out of all this difficulty would be for the court to call the experts in any department of science, that they should be wholly independent of counsel on either side, and that they should give opinions then upon the hypothetical cases, under the direction of the court, because it is impossible to give an opinion on the case, taking the finding out of the hands of the jury. As it stands, experts sometimes are required to give a categorical answer to a question made up by a sharp legal practitioner, who strains, to say the least, every fact in his case to make it appear to the expert, as it appears to him, to be all one way, very carefully excluding any facts which may bear upon the opposite side.

Again, when the case is made up by the counsel on the opposite side, he, with the same legal acumen, strains the case as he sees it, and the result attained is, that two experts thinking precisely alike upon a given state of facts, but called by opposing counsel, are made to appear entirely hostile to each other on the stand.

I do not know any way out of the dilemma, unless the courts, and not the counsel, see fit to call the experts. One State of the Union has taken hold of the matter, and it seems to me in such a way as will lead out of the difficulty. I allude to New Hampshire. Judge Doe, one of the judges of the Supreme Court, has expressed himself very clearly, and has handled the subject in a masterly manner, that judges must stop invading the domain of medicine while they are upon the bench, or else they must be made to come off the bench and take their place on the stand as other witnesses do, when they desire to appear as experts. The learned judge says: "The legal profession, in profound ignorance of mental disease, have assailed the superintendents of asylums who knew all that was known on the subject, and to whom the world owes an incalculable debt, as visionary theorists and sentimental philosophers attempting to overturn settled principles of law, whereas, in fact, the legal profession were invading the province of medicine, and attempting to install old, exploded medical theories in the place of facts established in the progress of scientific knowledge. The invading party will escape from a false position when it withdraws into its own territory, and the administration of justice will

avoid discredit when the controversy is thus brought to an end." Again he says: "It is the common practice for experts, under the oath of a witness, to inform the jury, in substance, that knowledge is not the test, and for the judge, not under the oath of a witness, to inform the jury that knowledge is the test, and the situation is still more impressive when the judge is forced, by an impulse of humanity, as he often is, to substantially advise the jury to acquit the accused on the testimony of the experts, in violation of the tests asserted by himself. The predicament is one which can not be prolonged after it is realized. If the tests of insanity are matters of law, the practice of allowing experts to testify what they are, should be discontinued; if they are matters of fact, the judge should no longer testify without being sworn as a witness, and showing himself qualified to testify as an expert." I think this opinion will receive the endorsement of all real experts, in any department of scientific investigation.

Dr. BAUDUY. I have very little to say in reference to the paper of Dr. Chapin, because it is a paper which admits of no criticisms. The points taken are just and correct, and well founded. I have some very decided opinions upon this matter of expert testimony, and I am glad, therefore, that the Doctor has brought the matter up for the consideration of the Association. For sixteen or seventeen years, I have been constantly appearing upon the witness stands of St. Louis, and during that time I have had an opportunity of examining the weight of expert testimony; and there has been a rapid and progressive deterioration in this respect, until expert testimony, in Missouri, has actually reached that state in which it can be pronounced a farce and a disgrace to physicians. I consider, that in many instances, the men who seek to get their names in the papers, who have had no experience in insanity, and very little practical knowledge upon the subject, bring disgrace upon the specialty and degradation upon the profession, by seeking to advertise themselves upon these trials.

In a recent trial in Missouri, a witness stated that he was an expert in insanity, when he was an eclectic physician whose experience was limited to outside clinics in which he was treating a few patients for nervous or mental diseases. In a recent case, a man who was also an irregular practitioner, presented himself as an expert in insanity, who, on the trial, admitted he had never seen any cases of insanity, except such cases as *occasionally* presented themselves to the regular practitioner, in the general practice of medicine; a man whose experience in insanity was limited

to four or five cases, and who did not know the difference between hysterical and many other forms of mental disease. A man, being also a regular practitioner, was called, and admitted that his practical experience was limited, principally, to hysterical insanity; and yet he was called upon to decide upon some of the most important psychological issues which presented themselves during that trial, though unable to give satisfactory definitions of delusion and hallucination. Such are some of the so-called experts who are called upon the stand there to testify. Then independently of such indignities, as I look upon them, is presented the professional monstrosity of placing such men upon the stand, which undoubtedly has a tendency to lower the specialty. The expert testimony of St. Louis is too often ridiculed by newspaper editors, and ridiculed by the public; and it is frequently contended that any average juryman is a better judge of such cases than many so-called experts. It is hence lamentable for an expert, with any self-respect, to be placed on the witness stand in such company. I care not how high the individual notions of morality may be, it is always a temptation for medical men to be placed on the witness stand, and offer opinions for which fees are tendered on either side. I think it is very difficult to give impartial testimony under such influences. We are all human, and I think there is a tendency, imperceptible though it may be, for money to sway a man's opinion *pro* or *con*, although he may be honest in his convictions and quite unconscious of how his opinions have been moulded by such influences, a man is liable to see points he would not see if not tendered a fee. Therefore, I think mercenary influence is one of the great evils now associated with expert testimony, that ought to be taken away. I think a more unbiassed position would entitle him to more respect from others, and would give him more self-respect, and thus the expert, and the public with him, would feel that his opinion was not and could not be subjected to the influence of mercenary consideration. Hence, I think it would be well to adopt, as the sense of this Association, a rule or regulation, that for the giving of such an opinion or opinions, the expert should absolutely refuse to take a fee, under any circumstances. Better for the expert to go upon the stand with the full consciousness that he will not allow himself to be governed by any mercenary influence, and stand above suspicion, and have the outside public believe that he is never found in such a position as can enable him to be influenced by mercenary consideration.

Then again, the ignorance and presumption of many so-called experts cause indignities to be thrown upon the profession by their lamentable display of ignorance and incompetency before the public. Much degradation is cast upon the profession by the monetary influences that, as I have said before, but too frequently bear on these relations. It seems to me that expert testimony of reliable and valuable men, and men of experience, could very frequently be procured, and have a desirable effect and happy influence, if always brought out under proper circumstances. I wish such a state of affairs could be brought about in St. Louis. A man who recently committed a homicide there, plead insanity on the trial. In consequence of the clashing of experts, and the miserable, wretched manner in which the case was protracted through legal technicalities, it was tried over and over again, during the course of years, at an enormous expense to the State, and is not yet finally disposed of. One case that I have in my mind, was tried at four different times, costing the State of Missouri eight thousand dollars, the defense being insanity. This was due to the pettifogging of the lawyers and the clashing of experts, causing the case to be tried over and over again, the State of Missouri all the time undoubtedly suffering, unjustly, the burthen of enormous and useless expense, whilst the defendant was undoubtedly sane, and responsible for the crime which he committed.

I also call to mind another case which was tried some four or five years ago, during the time Judge Prim was on the bench. It was that of a young man arraigned for homicide, and insanity was the ground of defense. The case was apparently one which had many strong points in it, and Judge Prim appointed five physicians, who were put under oath and empowered to examine witnesses—the case not going before a jury at all. The Commission came to the conclusion, after examining the witnesses and a searching analysis of the evidence, that the defendant was insane. He was sent to the State Asylum at Fulton, five years ago, and now remains there, a case of hopeless insanity. So the investigation in that case was very happy in its results, both in a humane point of view, and also in the saving of expense to the State. The criticisms of the public press upon the manner in which the trial was conducted and the gratification expressed, were creditable to the profession. Nothing was left open to suspicion, and these five experts were the cause of saving an enormous amount of money and time to the State of Missouri.

It strikes me this is the only practical way to arrive at proper conclusions in matters of that kind, namely, the appointment of a sworn medical Commission. When insanity is alleged, it would be well to have four or five prudent, experienced men of the profession appointed, and above all suspicion, and who, in scientific attainments, are well versed, and they should be empowered to investigate and decide whether or not a given plea of insanity is to be entertained at all, and whether it presents the necessarily essential features of insanity. If the case is proven to be one of insanity, and the plea substantial, there should be no jury trial, as a matter of course, and the matter should be adjudicated final. The case that I referred to, as I have said, was very successful in its results. I most heartily agree with the paper of Dr. Chapin, and I can not too fully endorse what has been said on the tendency towards distrust of expert testimony, and the throwing of odium upon the medical profession, because medical men, the least fitted, intrude themselves as experts in this specialty. Much abuse, opprobrium and disgrace is thus thrown upon the profession. This body can not do too much to cause the correction of these evils. By its influence and high standing, it can, through resolutions declarative of its belief on the subject, do more real permanent good than any other body.

Dr. A. E. MACDONALD. I will briefly call the attention of the Association to a case that came under my notice a few weeks ago, as illustrating, very markedly, two of the points to which the Doctor has referred—the absurdity of the claims of some experts to appear in that capacity and the facility with which other experts change their opinions from time to time. The case was that of a young merchant of New York, who was regularly adjudged to be insane, and then again brought into court under the interposition of a writ of *habeas corpus*. The young man had been in three different asylums prior to this trial, and the proceedings necessary to appoint a committee of his person and estate had been commenced but not completed. He had a very strong hereditary taint, as is shown by the fact that one of his brothers died in an asylum, that another is now in Bloomingdale, and that a third had been in an asylum, and was discharged as partially recovered. Just prior to his arrest and examination, he had contracted a marriage which was very objectionable to his family, (with a woman of ill-repute, in fact). They procured his arrest and examination by two regular examiners in lunacy, who adjudged him to be insane, and he was duly committed by one of

the judges of the Supreme Court. The writ was interposed, and the case came up for trial by jury. I considered him insane, and so testified. When I visited him, he had all the physical symptoms which we are accustomed to see in paresis with the most exaggerated delusions. He considered himself, among other things, the greatest singer and the greatest pedestrian in the world, and was going to win the champion belt, which he would be able to do by walking without resting. He told me that he could take one full breath, and by bandaging his chest and limbs, retain it for a week, and so could walk a week without resting. I satisfied myself, without any doubt, that he was a victim of general paresis, and so testified. Similar testimony was given by three or four others; while on the other side two physicians appeared, who claimed that he was not insane. They were both private practitioners, and the authority of one may be judged from the fact that he testified that there was no possibility of such a thing as a remission in general paresis; that that was entirely inconsistent with the disease; that it must be progressive and go on, without interruption, from bad to worse. The case was soon decided. The jury, remaining out only some five minutes, adjudged the man to be sane, and he was discharged. I consider the case was lost by the expert testimony. I think it turned upon that. In the first place, these gentlemen appeared upon the other side and testified that he was sane, and, as is usual, testified with the positiveness that comes from want of knowledge, for, as a rule, I think the man who really has the opportunity of studying the subject and of forming opinions, is much less positive in his assertion than is the man whose opportunities have been limited. And the end was contributed to by two gentlemen who testified upon the same side as myself, and whose testimony seems to me, as I say, to fairly illustrate two of the points of Dr. Chapin's paper. One of them being asked if the existence of delusion necessarily indicated that of insanity, answered that it did, whereupon he was promptly confronted with his evidence in a former case, when he had testified exactly to the contrary. The other (who, by the way, after being an unsuccessful applicant for appointments in several different asylums, quite lost his confidence in the present management of such institutions, and has been somewhat obtrusive in the citation and invention of supposed abuses therein, and in the indication of a modest willingness to have the duty of their correction thrown upon him) was shown some of the handwriting of the patient and asked if it offered any evidence of insanity. He

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replied that it did, and after giving the changes correctly enough, added that similar evidence was afforded by certain mistakes in spelling. Being asked to name them, he said: "Why, he spells 'amount' with only one m!" [Laughter.]

Dr. EVERTS. Are they members of the Neurological Society?

Dr. MACDONALD. Yes, sir; one of them is a former President and the other a former Vice-President of that august body.

Dr. MILLER. I have nothing to say, except as to the sentiments of the paper, with which I fully agree. That kind of testimony we have in our portion of the State to such an extent that the better class of physicians seldom appear upon the stand. It is left to the younger men who desire to have a name as experts. The testimony and knowledge of the best and most experienced physicians being treated in such a manner, they think it is more to their credit not to appear upon the stand, than to have it altered to suit the views of the parties.

Dr. BOUGHTON. I was struck particularly with Dr. Bauduy's remarks as to the ignorance of so-called experts, and the promptness with which men who are utterly unfit for the position, and utterly disintituled to the name of expert, come up, and how much evil expert testimony has suffered in that regard.

The suggestion that the court should be allowed to call experts, is a very valuable one, from the fact that it will do away with all that; but in addition to that, there should be a well understood definition as to what an expert is, a definite fixed standard, that a certain amount of experience with the insane, and in the treatment of insanity, should be required before a man should be called an expert, and be deemed such. I am not aware that there is in any of our States, or any of our courts, anything that professes a definition of what an expert on the subject of insanity should be, or as to what kind of experience, or how much experience, entitles him to the name of expert. It seems that generally any man who is a doctor, and has had any practice at all, may claim the title of an expert, and make good his title without any difficulty at all before our courts or our judges. I think one great difficulty that lies in the way of expert testimony, is in the lack of knowledge of the judge himself as to what insanity is, by proper observation, and the lack of experience that our judges have in the observation of insane people. I have been called on at different times to give testimony in different courts, and in conversation with judges afterwards, have found men, of fifty or sixty years of age, who had never seen an insane person in their lives, with an opportunity of observation.

I find many judges have an idea that a person is not insane except he be a raving maniac and requiring manacles, etc., to control him; that any person who can sit quietly in a chair and witness his own trial, and perhaps give testimony in regard to himself, makes it impossible for the court to believe that he is insane, unless he gives evidence in the court-room of his insanity. I am very sure that this popular idea of our judges, that insane persons must give evidence of their insanity in this way, is a great obstacle in the way of proving insanity in obscure cases, or even ordinary cases. I remember a year ago last winter, of a lady who is known to all this Association, either directly or indirectly, Mrs. Packard, who has made a great deal of trouble. She came to the capital of our State as a lady interested in behalf of our reformatory institutions, and anxious to amend the laws of the State so as to provide properly for the insane. Previously to her introduction to our law-makers, she had had interviews with nearly all the judges, including the judges of the Supreme Court, that she could reach, and I am informed (and I think credibly informed) that every one of these judges ventured the statement, that if this woman was insane, they did not know any woman was sane. She had with her, her books which, perhaps, many of you have seen. In one of her published books she makes the declaration that she is in communication with George Washington at present, and that he is in partnership with her for the reformation of the institutions of the country; that she is under his instructions and directions. She cites other persons, who have been dead for years and centuries, whom she is in league with in the reformation of the institutions, and so on. The woman was sharp enough to refrain from producing these until after she had made an effort and failed, and then these were produced. As I was saying, she gave the impression, and elicited expressions of confidence on the part of all the judges, that she was sound and right, and she further elicited more sympathy from them in regard to the proposed reforms than she did with any other class of people. I do not know how the difficulty is to be gotten over, of having the judges of the courts obtain a wider experience in regard to insanity.

I have been frequently confronted with this question, whether a person who is insane could be subject to ordinary rules of government and management, whether they could be made to understand what the laws of their country were, and what obedience they ought to render to those laws, and have had the statement received with a great deal of surprise, that in all the institutions for

the insane, the inmates are governed precisely as the citizens of any State are governed; that we have certain rules and regulations, and withdraw certain privileges when certain rules are disobeyed or broken; that a greater proportion are subject to those rules, and that the same rewards and penalties that govern the sane people govern the insane people. Such statements are taken with a grain of allowance, or looked upon as incredible. They are loth to believe that the insane can be held and controlled by rules and regulations, and that the rules and regulations can be enforced by penalties, and good behavior encouraged by reward. It seems to me that the great want in regard to experts is a definition as to what an expert is. The subject of who shall decide, and who is entitled to be called an expert, has been suggested by the paper read, that they should be called by one of the judges. I think in some way or other, I do not know how, that judges themselves should become better informed, and know more of the character of insane people, that truth on the subject of insanity may not be received with the same incredulity it now is.

Dr. EVERTS. Dr. Chapin, in his paper, seems to have presented a nut full of meat, and Dr. Bauduy has cracked that nut and revealed the contents. The whole difficulty seems to be a matter of ignorance—ignorance on the part of supposed or alleged experts, and ignorance on the part of jurors and judges and the populace generally. It is true, at least I believe it to be true, that no women and but few men have yet attained the intellectual development in which they are governed by a higher faculty than that of feeling. Experts are brought into disrepute because they go contrary to the feeling of the people, the feeling of the jury. No matter how valuable an expert's testimony may be, the people, and especially juries, are incompetent to arrange and apply it. The law presumes that a medical man is an expert in matters of sanity. It is a wonderful presumption. An ordinary medical man is no better qualified as an expert, than any other ordinary or equally intelligent observer. Neither is it to be presumed, as we have been instructed, that belonging to a neurological society constitutes a valuable expert in insanity. As a matter of fact, qualification or proficiency as an expert, is not to be presumed. A man may walk the wards of an insane hospital for a lifetime, may be competent to observe an insane man, under such circumstances, and properly administer to his wants, and yet be utterly incompetent to analyze such wonderfully constructed hypothetical questions as are sometimes presented by able and ingenious attorneys,

and reconstruct them in such a way as to give an intelligent and comprehensible answer in court. It requires something more than mere observation or practical knowledge to be an expert in insanity, a good one I mean, and I think it is the rarest thing that has been presented in this age—a competent, thorough, trustworthy and independent expert witness.

The matter of compensation, the love of money as a corrupting influence; that is next to ignorance, but it is a matter within our own control. We can refuse to be "hired witnesses." That we have the right to do, and I think it would be taking high ground, if every expert witness, when called upon by attorneys, would say, "I will appear in your case if you wish me to, without pay and without any previously expressed opinion. Let me go there freely, to testify as I choose, according to my convictions, without your knowledge of what my testimony may be. If you are willing to take me on such terms, I will be a witness; otherwise, not."

Dr. STEEVES. I have nothing special to say upon the subject, more than it is in a very unsatisfactory state. Neither the medical nor the legal profession is satisfied with the present mode of obtaining expert medical testimony, and certainly the ends of justice are not well secured. I am not sure that there is any remedy, but I think that the suggestion made by Dr. Kempster, a good one—that the officiating judge select the expert or experts in all cases where such evidence is required. To my mind, it is highly proper that this body should deal with the subject, and if they can mend matters it will be well; and that some specific action be taken, I would recommend that a committee be appointed to consider the question, and report at our next annual meeting. In the mean time, all would have time to digest and define their opinions.

In this connection, though apart from the subject under discussion, and yet suggested by it, I desire to say that one of the difficulties encountered by the younger members of the Association in attending these annual meetings, is that they are in total ignorance of what subject or papers are to be presented; this ought to be obviated, if practicable, and I do not see why it can not.

Dr. DIMON. I am too young a member to take up the time of the Association with discussion by me of this subject, but I have had some practical acquaintance with it in our State. I was chairman of a committee of our State Medical Society, to procure legislation in regard to expert testimony; and having a knowledge of the difficulties of obtaining such legislation, I can furnish some of

the objections to it. The difficulties arise from interfering, by law, with the constitutional right of clients and criminals to have any testimony they desire to make up their cases for a jury. The lawyers all insist on this, adversely, to any law restricting it. Objections are raised in the legislature, to limiting the application of the law to chemists and physicians as experts.

The lower house of our legislature threw out a very moderate law which had passed the senate, and which was confined to simply providing that all cases where the people of the State were a party, chemists and physicians summoned as experts should receive a reasonable compensation for their services, to be determined by the court, and which should be paid by the treasurer of the county in which the case was tried, upon the order of the court. The ground upon which the assembly rejected this law, was that it did not include farmers, horse-dealers, &c., called to determine the value and character of hay, horses, &c. And though the whole subject of regulating the employment of experts in the courts was narrowed down, as an entering wedge, to further and more competent regulation to the simple matter of providing proper compensation in certain cases where no compensation at all existed for such service, yet this failed to become law for the reason I have given.

The judges of our courts are almost unanimously in favor of very radical reform, by law, of the whole status of experts as witnesses. They deem experts to be *amici curiæ*, and think that they should be summoned solely as such, and be real experts, freed from any suspicion of prejudice arising from their being summoned as friends of the parties. But the lawyers are almost equally unanimous in opposition to such legislation.

The special point most frequently brought before the court, as a ground of defense in criminal trials in which expert testimony is summoned, is that of insanity; and, in that connection, there is inflicted upon our profession, especially, great injustice. We are taken from our business and at our own expense, from one end of the State to the other, and made to give up our private property for public use, without compensation. Dr Chapin, in his admirable paper, has ably presented this point, and it is one in which, doubtless, legislation may be obtained to remedy this injustice, and, as I have said, such legislation may prove an entering wedge to further proper regulations in regard to expert testimony.

Dr. GUNDRY. I take it that so long as human beings are imperfect, so long will expert testimony follow the general rule. But

I have risen to side very much with one or two remarks that have fallen. To commence at the beginning, how did expert testimony come to be used? Originally, the judges were expected to know all things. They were first taken from the priests, the centers of all learning; but as the separation between the priests and the people became wider and wider, and men became fond of one science to the exclusion of others, it became necessary that the court should select experts, as *amici curiae*, or friends of the court, to enable them to instruct that very high official in knowledge with which he is not acquainted. Then bear in mind the duty of the expert is to be a friend of the court, and an impartial man. He is to define the difficult questions he is called upon to solve, impartially, and to speak the truth. He is not to go beyond that. The counsel, being officers of the court, are to get out, on the one side, what may be due them, and, on the other side, the counsel are to elicit the truth they are trying to get out by any legal means in their power. The expert, however, is to be the friend of the court, and to give testimony with a sort of judicial fairness. If he adhere to that, of course no harm will result, and we need not inquire, otherwise, as to the qualifications of the man. The impressions that he will make by his testimony, the officers will determine in that given case. He will not be swayed from the truth by the community at large, and will not be swayed by the legal parties on the one side or the other; but he will endeavor to put himself into the judicial position necessary for the answering of the questions.

In regard to the compensation, has a man to give his labor and his time for naught? Has he to pay his expenses and give his time to contribute to the knowledge of the court? If there be dishonest men, it does not prove that honest compensation misleads a man. It being known or asserted that he is paid for his services, it strikes me that his testimony will be received with so much, or so little value, just as may attach to the question of bias. It is proper that their compensation should be so fixed as to be above the imputation of bribes, and that it should not depend too much upon the mere suggestion of one side or the other, but it should be determined by a party having no interest in the question; and the suggestion that the judge should decide the amount, is a very valuable one.

The suggestion made by the essayist, that the judge should originally appoint the expert, is also a very valuable one, or it may be, as in certain other cases, an agreement after the submission of

certain names, by consent of both parties. But it strikes me there is always an expressed understanding that guarantees to every man, or will always suggest to the attorney the right to change his defense at any moment, and not to give notice of the line he intends to adopt, or to suggest the names or the character of the witnesses he is about to call.

I said the man is to be the friend of the court. In some States, you are aware the judges no longer charge the jury. They simply sit to rule on any law point, or rule out any evidence, and simply give to the jury the law, after the testimony is in. The expert there does not enlighten the judge as to the testimony testified to by the other witnesses.

The expert has been defined in some States. In others it is expressly said that a man is an expert on the subject of insanity, provided he has given his reasons for it. In the case of Clark, it was decided by the Supreme Court of Ohio, that any person could give his testimony as an expert, provided he gave his reasons so that the judge and jury might determine upon it, but he must give his reasons to show how the opinion is founded.

I think the reaching of a reform is found in ourselves. It is not a matter attaching to this man or that man, or this society or that society, but to come home to the question whether we can gradually, and with what little influence we have with other men, push forward to the attainment of our just ends. To better each one will do more good than abusing other people, even if they are supposed to be bellicose and ferocious. The courts are crowded with men anxious to give their testimony. We have experts on writing and bridge-building, and every kind has a wretched following, and they are all the time in the market for a sort of reputation for sharpness and envious places before the people. It is human nature. I do not know that we can change it by crying it down, but if we can impress upon the different States the necessity of clearing away a good deal of this rubbish, and by some mode, with the assent of the attorneys and judges, keep down the list of those persons who are urgent to give instruction, we shall do a great deal. I do not know how, unless we boldly adopt the plan, as done in Scotland, in certain cases, of attending to both sides—not the *amicus curiæ*, but the *amicus personæ*—which is to make out the cases, not only for the commonwealth, but for the defense. I am not aware whether he is called as a witness, necessarily, but at any rate he is recognized as an adviser of the leading counsel to the two parties, and that is a very valuable custom.

I am not sure that that would not be a more radical cure than that stated, and in either way it could be a basis for alleviating the evil complained of.

Dr. BUCKE. I have nothing to say upon this subject beyond what has already been better said, except that I would like to state to the Association what has recently been done in Ontario, in the matter now under discussion. In the last few months it has become the law in Ontario, by order of Council, which is just as good as any other law with us, that no medical superintendent shall receive money for any medical services whatever, beyond the salary that he receives from the Crown. Therefore, although medical superintendents are just as eligible as ever they were to be witnesses, it is impossible that they ever can be partisans, for a money consideration. If a medical superintendent, in Ontario, should be subpoenaed, by counsel, for the defense, in a case on trial for a crime committed, he would be in this position, that he would either have to refuse any fee that might be offered, (and if no fee were offered he would probably not say anything about it), or, if a fee were offered and accepted, he would have to hand it in to the bursar of his institution. If, on the other hand, the Crown saw fit to employ one of the medical superintendents, that medical superintendent would receive from the county the ordinary fees given to a professional witness, which amount to four dollars a day and mileage, which would be barely sufficient to pay his expenses, and of course would be no consideration, one way or another. Therefore the medical superintendents, considered as experts with us, must go into the court entirely unprejudiced, so far as any pecuniary considerations are concerned. I have no doubt, myself, that this law, which I consider a most admirable one, will have the effect, in a very few years, of reforming this matter altogether, with us, so that those men who have the best opportunity of forming judgments in matters of insanity, and who undoubtedly are the best authority in these matters, being absolutely free from all improper influences, will be accepted by the courts and people, as thoroughly reliable evidence in these cases, and the difficulties heretofore met with in this class of evidence, will almost entirely disappear. I think it is the best thing, so far as I know, that has been done in this direction yet, and I hope it will be extended.

Dr. EASTMAN. I have but a word to say upon a single point connected with this subject. A few years ago I was called, in Massachusettes, as an expert, in the trial of a man who had committed a homicide while afflicted with delirium tremens. In this

case the expert opinion was elicited, not by the usual form of hypothetical question, but substantially in this manner: "Taking the evidence to be true, what, in your opinion was this man's mental condition at time of homicide, and upon what particular portions of the evidence do you base your opinions?" As the evidence in this case was very full, I was enabled to commence with the first day on which the disease showed itself, and follow on from day to day, pointing out the symptoms as brought out by the witnesses, which were indications of delirium tremens. This method not only gave the expert a better opportunity for forming an opinion, but it gave the jury an insight into the reason which led to the opinion expressed.

Dr. NICHOLS. I will only say, in addition, that I fully agree with the opinions of the paper, and think it a very valuable and a very timely one. In common, I suppose, with all gentlemen who have been particularly liable, on account of being superintendents of institutions for the insane, to be called upon to give testimony, in court, in relation to insanity, I have reflected a good deal upon this matter, and I will state simply what has seemed to me the best course to pursue. The reason for it will be obvious to you. It is difficult, if not impracticable, in most cases, to have a line of defense known, except privately to the counsel, until the parties have been indicted, and the trial commences. It has seemed to me that then, if the plea of insanity is set up, or at any time in the progress of the trial, that the defendant should be remanded to his place of custody, and be subjected to an examination by a standing commission, and that the examination should continue until the commission is prepared to report.

In regard to the question of pay, it seems to me that the law should provide a *per diem*. Perhaps the people would hardly be satisfied to provide an annual salary, because in one year the commission might not be employed at all, and in another year employed to an extent much exceeding the value of the salary. When the case is brought up again for trial, the report of this commission would be considered. Actually, it seems to me less partisan than that of any other testimony, or testimony that could be procured in any other way.

Then I agree with Dr. Gundry, and others, who have expressed similar views, to the effect that neither counsel nor community will deny to the defendant any means of defense now resorted to, and that experts, so-called, will have to be allowed after all; and that it would be impracticable to limit the number or the character of

them, but the payment of them might be and should be determined by the court. I agree that it is very difficult for the witness himself, to separate himself from the influence of a fee; and at the same time I agree with what has been said in the paper, and also with those who have remarked upon it, that nobody has any right to the capital of the expert without paying for it, and the enlightened court would be as fair a judge of the value of that testimony, or of the value of time given, as anybody, and it seems to me it should be left to the court.

Something has been said in relation to the ignorance of judges and jurors in relation to this matter, and that is said to be a great difficulty. The difficulty has seemed to me to be the presumption of the judges, and the habit of the judges, brought down from ancient times, of expressing dicta upon questions that they really know nothing about, and that the law does not really authorize them to express opinions upon. I suppose it has been the experience of every member present, it has been mine in one or two instances, in which the judge has expressed his opinion of my testimony, before it was submitted to the jury, sometimes favorably and sometimes unfavorably. I remember that upon one occasion the counsel and jury were told that it would be better, if the jury desired to be enlightened upon the subject of insanity, to read the work of our distinguished associate, Dr. Ray, than to have my testimony, and although I felt a little snubbed, I think it was the most sensible opinion that the judge pronounced upon that occasion. It seems to me that there is really a great demand for a reform in this particular. As an example of what I complain of, I may refer to the case of Miss Dickey, and the opinion of Judge Brady, two or three years ago, in which he expresses his views upon the treatment of insanity, upon the question of their isolation, their association with the insane, with the effect upon the physicians and others being associated with the insane, which of course were opinions, but really, as they were impossible, as a matter of course, were absurd. They were calculated to prejudice the case in one direction, and really had nothing whatever to do with it. I think, really, one of the great evils of the jurisprudence of the day is the expression of opinions that are entirely extra-judicial on the part of the court.

Dr. BUCKE. I would like very much to ask Dr. Nichols, in case of such a commission as he spoke of being organized, whether the opinion of that commission should be taken as final, or submitted to the judge and jury for revision? Supposing, for instance, they

found the prisoner to be insane, would that end the trial? Or supposing the commission found the prisoner not to be insane, would that finally rule the plea of insanity out of the case?

Dr. NICHOLS. My view is that the opinion of the commission should not be final, that it should be submitted for what it was considered worth, just like any other expert opinion. Under the circumstances, it would be likely to properly influence the result of the trial more than that of any other expert testimony.

Dr. KEMPSTER. In answer to Dr. Bucke's inquiry, I would state that in Wisconsin the law has been amended since the trial I alluded to when I first spoke. Now when a person is indicted, and the plea of insanity is interposed in behalf of the defendant, the law directs that the trial shall cease, and the question of the sanity or insanity of the individual shall be first determined, and that is to be determined as any other fact, by calling expert witnesses, the jury deciding the cause. If the jury find that the person is sane the trial shall proceed, and the plea of insanity is barred. If the jury find that the person is insane, it becomes the duty of the judge to direct that the person shall be confined in one of the hospitals for insane people, and that upon recovery he shall be returned to the court to be disposed of as the court shall see fit.

Dr. SCHULTZ. The drift of the discussion calls to mind a case that I will relate in a word or two. A man was brought to the hospital, by order of court, to be detained until discharged by process of law. On inquiry it was ascertained that while sitting in the court-room and waiting for his trial on a charge of burglary to proceed, his conduct was very strange. In view of this conduct he was committed to the hospital. A few weeks before a subsequent term of court, the judge being informed that the person was probably not insane, he was returned to prison, tried for his crime and convicted. In this case the judge appeared to think that a residence in a hospital was a good expedient for determining the mental condition of a culprit.

Dr. NICHOLS. It may be interesting to gentlemen who have come into the specialty since the death of the late Judge Edmonds—you may, to be sure, know it already from your reading—that the course pursued in the State of Wisconsin was the one that the judge pursued, as far as he considered himself at liberty to it under the law, and he did substantially pursue that course in many cases. Although the judge was so unfortunate as to have to retire to an institution of insanity himself, I never have

testified before a judge who understood insanity and the jurisprudence of insanity, as well as he.

Dr. RAY. We seem to be all agreed as to one point, that a great deal of the expert testimony taken in our courts is worthless, and, perhaps, worse that worthless. Now, the only practical question that we need trouble ourselves about is, I think, what are you going to do about it? Is there any possible provision of law or custom which will put upon the witness-stand a better class of experts? How are we going to get better experts, men whose opinions and authority will be universally recognized? Let us examine the plans that have been proposed for obtaining this object. One gentleman says, that a judicial commission will reach the difficulty, the executive of the State appointing one or more persons as a standing commission, whose business it shall be to examine these cases and make report. Let us see what the practical result will be. I have given my views on the subject so often, that I am afraid my brethren will consider me like that twelfth jurymen who wondered at the obstinacy of the other eleven who would not agree with him. Of course no single commission could be regarded as equally competent to act as experts in cases of insanity, of wounds, of poisons, and so you must have as many different standing commissions as there are diseases and accidents becoming matters of judicial inquiry. Of course such a provision is utterly impracticable. By others it is proposed that the court should appoint a commission in each particular case as it comes up. To both plans there are objections enough to render them unsatisfactory, if not totally impracticable. In the first place, when a specific duty is placed upon a public officer, it is implied that he is amply qualified for the performance of that duty. Need we ask how our Governors and Judges are thus qualified? Having no personal knowledge of the subject in question, their appointments must be determined by their own fancies, or caprices, or the popular estimates, misleading as they often are. A homœopath will be likely to appoint a homœopath, guided only by his faith in shakings and provings; an advocate of woman doctors will be quite satisfied with one of the sex, and another is captivated by some forthputting hero of the hour. Our New York friends would look with some anxiety, I imagine, for such appointments. Secondly; if the remuneration should be tempting, we well know that pressure would be made upon the appointing power, and thus the choice would be determined very often by politics or court favor or some other unworthy motive. More likely, however, these plans would

fail by reason of inadequate compensation. A genuine expert's estimate of his value would be generally much above what a Governor or Judge would put upon it, and the result would be cheap experts, the very thing we wish to avoid. In the third place, I am unable to see how the written report of a commission can be admitted into a jury trial. It would be inadmissible as evidence simply because it could not be subjected to cross-examination, the great distinguishing feature of our mode of procedure. The practice of reading books to juries, once common enough, was finally stopped for the alleged reason that whatever authority they might have could not be cross-examined.

While admitting that much worthless expert testimony is heard in our courts, I think there is a prevalent mistake respecting expert testimony, which makes the evil greater than it really is. Most people suppose that experts, if honest and competent, must, necessarily, agree; that whatever their experience, they must all have arrived at the same conclusions. Now, there is no reason for such an opinion. In no branch of science or art, is absolute uniformity—not even in mathematics. Once, in a meeting of the American Academy of Science, if I quote the name correctly, I heard Prof. Pierce, the great mathematician of Cambridge, and Prof. Alexander, of Princeton, differing, widely, on some points connected with quaternions. Difference of opinion among experts may be indicative rather of the highest than of any inferior attainment. When we find agreement among any other class of inquirers, we may reasonably expect it among experts; and not till then.

On motion of Dr. Curwen, the paper was laid on the table.

Dr. KEMPSTER. Several gentlemen have expressed a desire that the sense of the Association should be tested in reference to the question that has been discussed. For that purpose, I beg leave to present this resolution:

Resolved, That a committee be appointed, to report, by resolution or otherwise, to the next meeting of this Association, a method which shall express the views of this Association, as to the best manner of procedure in procuring experts on medico-legal questions of insanity, and what qualifications, in our opinion, constitute an expert.

Dr. NICHOLS. I have no doubt that the offerer of this resolution has exactly the purpose that I approve in such a resolution, but I

beg to offer this amendment: "That a committee be appointed, to report, by resolution or otherwise, to the next meeting, a method which shall express the views of the committee, relative to the best manner of procedure in procuring experts."

The resolution, as it reads, implies that we shall indorse the views of the committee, just as expressed in their report. While I do not suppose it is the intention of the mover of the resolution that we shall do that, yet it would seem to be better to put it in this form, and then, the resolution being before the Association, would be subject to its direction, that is, to modify it or indorse it, as presented as its views on the question. If the Association shall not accept my amendment, I shall vote for the resolution as it is, but I would prefer to have it read: "That a committee be appointed to report by resolution, or otherwise, a method which shall express the opinions of the committee as to the best manner of procedure in procuring experts on medico-legal questions of insanity." I think that would be better than submit it as the view of the Association.

Dr. KEMPSTER. I of course have no desire to be punctilious about a matter of that kind, but any resolution or paper that it may see fit to report, becomes the property of the Association, and it may amend or strike out as it sees fit, after it becomes its property. When the report is submitted, the Association can do as it pleases. My idea was that there should be an expression of opinion by this Association, but not until the subject had been discussed, and the views of members obtained. We could then formulate our plan if the Association saw fit.

Dr. NICHOLS. Would the gentleman have any objection to this amendment: "With a view of expressing to the Association in regard to the manner in which this testimony should be taken."

Dr. KEMPSTER. I beg leave to say that I will not object to changing the wording of the resolution, so that it shall embody the views suggested by Dr. Nichols, and that the committee shall report at the next meeting of the society, for the consideration or action of the Association, on the views of the committee, etc.

Dr. GUNDRY. I do not wish to multiply words, but it seems to me that this is a question upon which there can be no practical result, though we may agree to agree for the sake of harmony. It is the discussion of this question that does the most good when everybody may consider himself a committee of one to give his opinions. I can hardly agree that a committee can mould my belief in this direction, and have it correspond with the beliefs of

others on the same subject. Therefore I will have to vote against the resolution.

Dr. KEMPSTER. I stated very distinctly in offering the resolution, that it was for the purpose of testing the sense of the Association, upon a subject which, if I understand the discussion we have had this morning, we all agree upon, but it appears that there are some gentlemen who do not desire to have their opinions go on record. It occurs to me that an expression of opinion, after the subject has been thoroughly discussed by the Association, may as well be put upon record, with reference to the best method of procedure in such cases, as to record our opinions upon the best method of constructing or managing an institution, and I believe there is some little bias, at least we are accused of it, as to the tenacity with which this Association holds on to views on this latter subject. This is an important matter, and it seems to me that we ought not to be backward in recording our views as to the best plan for obtaining the desired end. That this is an attempt to upset the legal methods in force in the different States, is preposterous, it is simply to get at the sense of this Association, as to the best plan of proceeding in cases such as have been discussed this morning. The resolution was not offered for the purpose of taking up the time of this Association, or to introduce an apple of discord, or anything of the kind. This Association adheres strenuously to some of its views, and I think that this subject is as important as that which relates to the construction of institutions, or any other matter upon which the Association has put itself upon record.

Dr. BUCKE. I quite agree with Dr. Kempster in this matter. We are evidently all agreed that the testimony given by experts, at the present time, and the whole question of expert testimony is in an unsatisfactory condition. I gather this from the discussion which has taken place this morning. I do not think we ought to be afraid, as a body, to advise the community as to the best mode of taking a step or two in advance out of that difficulty.

Dr. RAY. I wonder how the idea sprung up that any of us are afraid to express an opinion on this subject. There has been no sentiment of that sort manifested here. My objection arises as to the propriety of this proposed measure, as to the effect which it will have upon the community and ourselves. You are going to bring a report to the next meeting, and the majority may agree to it. I may not be here, and my friend from New York, (Dr. Gray), or my friend from California, (Dr. Shurtleff), may not be here, and

yet it is all upon record, and goes out to the public as the opinion of the Association, that experts should be appointed so and so. Now is that fair to the minority?

Dr. GRAY. I hope the resolution will not pass. I agree entirely with the views expressed by Dr. Ray and Dr. Gundry. Suppose that twenty, or thirty, or fifty of us discuss a certain report, and agree by a majority, there would still be no unanimity, we should not have arrived at any certain expression of the sense of this Association. We might pass resolutions expressing the sense of a majority of the members, but the resolutions could not bind the Association or any member on a matter of this kind. I do hope the resolution will not pass.

Dr. A. E. MACDONALD. I seconded the resolution as offered. I think it would be better for the Association, and add to its dignity, if there was some definite knowledge, beforehand, of the subjects to be discussed. The remarks we have made have been desultory and hap-hazard, and I think we have laid ourselves open to the charges that have been made against us, that we do not spend our time to our profit, and to the best interests of those whom we represent. I think it best that a committee be appointed to report its opinions. I think it will be time enough then to bring up these arguments, if the opinions expressed in the report are such as the Association can not adopt without discussion. I hope the resolution will pass.

By request the resolution was again read, and, on motion, was divided, and the question being put on the first clause, it was, on a division, voted down, (fourteen in favor and twenty-two against), and the resolution was not adopted.

Dr. Gundry then read a paper on "The Insanity of Critical Periods of Life," the discussion of which was postponed for the present.

On motion, the Association adjourned to 8 p. m.

The members spent the afternoon in visiting and inspecting the admirable arrangements of Girard College, under the conduct of President Allen and Vice President Arey, and returned to the hotel in the evening.

A few of the members met at 8 p. m., but on account of the difficulty of obtaining a full meeting, by reason

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A few of the members met at 8 P. M., but on account of the difficulty of obtaining a full meeting, by reason

of the unusual heat, a motion was made and adopted to adjourn to 10 A. M., of Friday, 28th.

MAY 28, 1880.

The Association was called to order at 10 A. M., by the President.

DR. EVERTS. I am pained to announce to the Association the death of Dr. Chipley, one of the older members of this Association, who died at the Cincinnati Sanitarium, on the 11th of February last, after a long and successful career in the specialty of the care and treatment of the insane. He was well known to all the older and most of the younger members of the Association. I move that a committee be appointed to prepare a memorial of our late associate, and report to the Association at its next session.

The motion was agreed to, and the Chair appointed Dr. Everts such committee.

The President announced the death of Dr. R. F. Baldwin, of Virginia, and on motion, Dr. H. Black, of Virginia, was appointed to prepare a memorial.

Dr. Gundry reported to the Association the death of Dr. O. M. Langdon, Dr. Joseph T. Webb and Dr. L. R. Landfear.

On motion, the President was authorized to appoint a committee to prepare a memorial for each of these deceased members.

The President appointed Dr. Gundry to prepare the memorial of Dr. Langdon and Dr. Landfear; and Dr. Miller to prepare the memorial of Dr. Webb.

THE PRESIDENT. The business now in order is the discussion of Dr. Gundry's paper of yesterday.

DR. EVERTS. Under ordinary circumstances, I should feel it a conscientious duty to criticize and antagonize brother Gundry's paper, but having slept upon it, as the great Webster slept upon Hayne's speech, I find that the propositions are so unobjectionable, and the expression of the paper so admirable, that I am disarmed

and forego that which, as I said before, would have been a conscientious duty.

Dr. CLARK. I agree with most of the opinions advanced in the excellent paper read by Dr. Gundry. I notice one remark made in regard to self-abuse, viz: "It was not the exciting cause of insanity that was attributed by many to it." It is a statement held by a number of specialists; but after examining the matter for a number of years, I have no doubt it is a large factor among the causes of insanity. It is stated in the paper that a large number became addicted to this habit, after insanity has made its invasion. Well, this fact is also true in respect to many so-called causes of insanity. You will find in paresis, for example, that to intemperance, in some form or other, is attributed the exciting cause of the disease. While this is true of many, it is beyond doubt, that excesses of all kinds are exciting factors. Both being true, it is hard to say, in a large majority of such cases, whether insanity be the result or cause. The same is true of such as are reputed insane from domestic troubles, dyspepsia, general ill-health and other causes mentioned. As a rule, it is difficult to positively arrive at primary causes. Therefore I always tabulate with considerable doubt assigned causes, until after a thorough investigation of each case. As you are all aware, the history of cases furnished to asylum officers is very unsatisfactory. Friends furnish the particulars, therefore a great many facts, for domestic reasons, are too often hidden. Cross-examination often elicits important facts which have been left out. I do not, on this account principally, attach much importance to many of the causes tabulated in asylum reports. My experience (with the above reservation) in regard to insanity from intemperance, is somewhat the same as that of Dr. Gundry. A large number of cases have been tabulated in the Toronto Asylum for over twenty years, and as far as stated, nine per cent are said to have become insane from intemperance. As you are aware, well-meaning moral reformers, say seventy-five or eighty per cent of the inmates of asylums, go there because of drunkenness. My experience is, that ten per cent comes nearer the truth. In many of such cases the magazine of hereditary, latent power is present, and all that is wanted to arouse this energy, is some untoward circumstance which is erroneously called the primary cause. I therefore think caution is needed in drawing conclusions from tables compiled on such data.

Dr. KEMPSTER. Perhaps I can add a little to what has already been said on the subject, in reference to the statistical matter that

Dr. Clark referred to. It has been our object to eliminate from statistics all errors possible, and to determine upon cross-examination the facts, and I am yearly more fully assured of the important part that heredity plays in the causation of insanity.

One point in Dr. Gundry's paper I may have misunderstood, if so, he will correct me. I understood him to say that there is very little inter-dependence of disease; that when one branch of a family was liable to consumption, another will not be likely to branch off into another type of disease. My researches have led me take a somewhat different view. I formerly held the same opinion. In our State institution we have a very large proportion of epileptics, and I find by careful examination that there is apparently a very close inter-dependence between phthisis pulmonalis and epilepsy, that very many of our epileptics had phthisical parentage, on either one side or another; and in many instances the disease has been traced through several generations; we find that in certain branches of the family the epileptic or neurotic element predominates, and in another branch of the family the phthisical element predominates; and so far as I have been able to ascertain, the phthisical element was the germ. In several instances the families were able to trace the family diseases, and they could trace a phthisical element through successive generations; then all at once it branches off, and all succeeding members of the family present some form of nervous disease, sometimes epilepsy, or some form of mania. The members will probably recall remarkable cases reported in the annual reports issued from our institution illustrating these facts, and showing the inter-dependence of these forms of disease.

I think, with Drs. Clark and Gundry, that too high an estimate has been placed by some writers upon intemperance as a cause of insanity. Although one point must be borne in mind, that is, that other things are to be attached to intemperance beside the immediate effect of alcohol on the individual; as for instance, the poverty, the distress, the grief, the anxiety, and all those things that follow in the immediate wake of intemperance, all of which play an important part in the increase of insanity; not always, of course, in the individual himself, but it does increase the number of cases of insanity but indirectly by the operation upon his offspring, and the wretchedness induced by the intemperate heads of families. I think the experience of many of us will bear out the statement that insanity in women may very often be attributed to the abuse, privation and so on, which they are often compelled to

undergo at the hands of those who have given way to the intemperate use of stimulants, to such an extent as to be unwilling or unable to provide the proper necessities for their families. We have in the northern part of our State, a number of Swedes and Norwegians, and they take alcoholic stimulants in a very direct manner, that is, they drink alcohol. They go to the druggists or wholesale dealers and purchase their alcohol and dilute it with water. Sometimes they drink their potations by taking clear alcohol, and thus become intoxicated. I am told that the evils resulting from drinking pure alcohol are unlike those produced by drinking whiskey; that those accustomed to using pure alcohol as a stimulant become violently intoxicated, and eventually they are apt to go into a condition of profound dementia, from which they rarely recover, and my observations of the insanity of this class confirm the opinion.

Dr. RAY. I did not hear the essay, but I know what the general doctrine is, and I beg leave to contribute my assent to its truth and correctness, viz., that hereditary tendency has more effect, is a more potential agency in the production of insanity, than all other causes put together. When I went into this branch of the profession, nearly forty years ago, my attention was arrested by the fact that many cases could not be traced to any of the causes of insanity set down in the tables of our hospital reports, which was not what I expected. Thenceforth I gave especial attention to that point, and I have come to the conclusion that what are called causes in our reports are only of a secondary character, that they only constitute, as has already been said here, the match which explodes the explosive material already existing. I do not mean to say, I would not go to the extent, that no case can possibly occur not untainted by an hereditary tendency, but I do say that they are very unfrequent, even those produced by injury or accident are determined in a great degree by hereditary tendency. I suppose the reason why that tendency has not been more considered is a mistake as to what an hereditary tendency really is. When an insane man is found to have sprung from an insane father or mother, one whose insanity has been notorious and most demonstrative, there can be no question about its origin, but the mistake is to suppose that the disease never springs from any other form of nervous affection. We know, in regard to other diseases as well as insanity, that tendencies are created which do clearly manifest themselves only in a coming generation; we go against all analogies when we suppose that nothing can be heredi-

tary except in the very shape in which it first issued. I believe, however, that those who have given much attention to the subject are very ready to admit that nervous diseases in their transmission downwards become changed, and appear in different forms; that chorea in the parent may be insanity in the child, that drunkenness in the parent may be either drunkenness or chorea or insanity in the offspring, or in the offspring's offspring. It may take two or three generations to bring it to a head, but, in my estimation, the hereditary character is none the less certain. It has been the result of my observation, that in more cases than otherwise, the insanity may be traced not to overt insanity in the parent, or any predecessor, but to some nervous affection that would not be called insanity, although it may possibly be called eccentricity running very close upon insanity, and even such an extent of mental obliquity as that may pass over one generation. I knew a family where the person in whom the disorder originated, as I supposed, was merely eccentric, so eccentric, it is true, as to be the town's talk, but there was not a trace of insanity in any of his children, although they numbered seven or eight. One or two of them were a little queer, but in the third generation it came out in several instances. I think the opinion is spreading that heredity does, necessarily, imply transmission only in one and the same form.

Dr. BUTTOLPH. I was not so fortunate as to hear the whole of the paper on the causes of insanity. While I was much interested in the general discussion of causes embraced by the paper, I was specially so in regard to those that relate to the different ages or periods of life. In regard to exciting causes, generally, as understood by friends and stated by them, I would say they are often unimportant, or quite untrue, the only symptoms of derangement being taken for or confounded with the exciting causes of the disease. It may be stated, in this connection, however, that the effect of disturbing causes of the same kind vary much, as applied to different individuals, or even to the same individual in different states of the health, mind and feelings. In most cases of derangement, many circumstances exist, as causes or complications of the disorder; but those that have the effect of disturbing the sleep, and through this, or in other ways, of preventing the nutrition of the subject, may be considered as the most influential in producing a state of insanity.

Dr. WALKER. I have but a single word to say. I agree with Dr. Gundry, on the points that intemperance and masturbation

have been very much over-rated as the active, immediate causes of insanity. I think that his estimate of the effect of masturbation is still excessive. According to his table, it amounted to about five and one-half per cent. Some three or four years ago, in the Supreme Court of Massachusetts, the question was put to me directly, by the Attorney General, what percentage of insanity was actually caused by masturbation? I had never thought of it, up to that time. After a few moments' reflection, I stated: "making due allowance, one per cent will cover all cases of masturbation." It created a good deal of excitement in the court, and some considerable discussion afterwards. After leaving the stand, and passing to the door, a member of this Association, who had unusual means of observation, and was, withal, an acute observer, I found sitting there, but not taking part in the trial. I asked him if I had stated that too low, and his answer was, "no, on the other hand, rather too high." Since then, my attention has, of course, been directed to that point, and I am satisfied that I was very much within bounds. In my own experience, not over one per cent is actually caused by masturbation. A very great number of masturbators are found among the insane; but I believe a vast proportion of them masturbate because they are insane, and are not insane, because they masturbate.

Dr. GUNDRY. I will not detain you very long, and will allude only to one or two things. In the little table, I gave two cases, simply as a starting point, showing what had been collected from every quarter, and not detailing my own opinions about them, for I immediately passed on to show you of how little importance I thought them. The point I wanted to make is something like this: A house is liable to explosion by reason of nitro-glycerine or powder stored therein. Somebody goes along there and drops a spark from a cigar. Who is it that wrecks the house, the man that dropped the spark from the cigar, or the man who stored the nitro-glycerine or the powder in the cellar? There are two things, the first heredity, and the last the development in the man, or the period at which that development takes place. I was going, so to speak, to where the hereditary influences exercise their most potent power, the time when sparks, if accidentally cast, are likely to exercise their power, but which, unless thrown down, may not produce any trouble. The sparks may have been dropped before, and no serious consequences resulted; the shavings may have been ignited and no evil have taken place; but if the powder is there and the match is cast, then the explosion is most likely to

take place. That was the doctrine of my paper, and I tried to resolve out each of the processes of development of the disease as it was introduced, and the characteristics of the disease at that time. I need not repeat anything further on that point.

In regard to what Dr. Kempster said as to the inter-dependence of disease, I am not prepared to gainsay his statements, but I think a good deal more inquiry is justifiable, before arriving at the gentleman's opinion as to neurosis, that the general type of the disease does not always yield neurosis. It may be that phthisis may arise and epilepsy be incurred from it, but I think it will hold true, nevertheless, that phthisis afflicted persons entail the same disease upon their descendants, or lung diseases, particularly; that neuroses entail neurotic diseases upon the offspring. While the epileptic may get his epilepsy, or the insane the germ, from a phthisical ancestry, yet, as a general rule, you will not find the degree so very marked. That there is any inter-dependence at all, I am not prepared to controvert, because I have not the material at hand to look at the matter, but I think it well to look at the rule as it appears to be explained. There is no doubt that epileptics entail upon their progeny, a liability to insanity. There is no question that insane parents do entail upon their posterity, not only the form which they suffer, but almost any other form of neurotic disease, and almost any other form that goes with it.

I did not indorse the statement made in the paper, but was very careful in regard to what Dr. Walker has said, believing, with him, that masturbation is more frequently existent with than the cause of the disease. These rudimentary matters which remain, these rudimentary matters in morals produce almost as much trouble as intemperance, perhaps, in the disease. I think strong men master their passions; with weak men, their passions master them. Much of this epilepsy and other disease developed, have been the seed of practices of rollicking frolicsomeness in youth, which gives rise to trouble during the after life.

Dr. Hurd then read a paper on "Recent Judicial Decisions in Michigan, Relative to Insanity."

Dr. BUTTOLPH. I think the case is one of great interest to the specialty as connected with the affairs of institutions, and I agree, very fully, with the sentiment of the paper as to the substantial justice of the final decision rendered.

Dr. CAMDEN. I think it is a very valuable paper, and illustrates one point, that we should be careful that our papers are right in

receiving patients. I suppose the main difficulty was in not having them regular. In our State, (West Virginia,) after a justice passes upon a case, the resident directors, together with the superintendent, constitute an examining board; and if they concur with the decision of the justice, they receive and register the patient. We follow this out as strictly as we can, and there has been no trouble in the reception of patients.

Dr. RAY. The paper is one in which the doctrine laid down by the court is so sound, so correct, and so much in accordance with what has been taught in this Association, that it hardly admits of any dissent from us, and therefore, is not exactly a subject for discussion. I certainly am prepared to think better of Michigan all the days of my life, but I am afraid that the doctrine there announced in the judicial decision is so far in advance of current opinions, it will be a long time before the world gets up to it. Therefore, I fear we may have to take the doctrines of the old law for a few years longer. Still this shows that the world moves notwithstanding the great obstructions in the way.

On motion of Dr. Curwen, the paper was laid on the table.

On motion of Dr. Kempster, it was

Resolved, That the Committee on Business, be appointed at the close of each meeting to prepare the business, and ascertain the papers to be read, and notify the Secretary at least two months before the meeting, so that the members may be informed of what will be read at the meeting, and that the Secretary in sending the notices of the meeting, shall state what papers will be read, and that the members who prepare papers shall bring them with them, to be ready to read at the call of the Secretary.

On motion, the Association adjourned to 8 P. M.

The Association spent the afternoon in viewing the excellent arrangements of the Friends' Asylum for the Insane, under the conduct of Dr. John C. Hall.

The Association was called to order at 8.30 P. M., by the President.

Dr. Hall introduced to the Association, John C. Allen and Henry Haines, Managers of the Friends' Asylum for the Insane.

The Committee on the Time and Place of Next Meeting made the following report, which was unanimously adopted:

The Committee to whom was referred the question of determining the place and time of the next meeting of the Association, respectfully suggest the City of Toronto, as the place, and the second Tuesday of June, 1881, as the time, for the next annual meeting of the Association.

DANIEL CLARK,
WALTER KEMPSTER,
G. A. SHURTLEFF,
Committee.

The President appointed on the Committee on Business, Drs. Kempster, Clark, Workman, Curwen and Callender.

Dr. Bryce, from the Committee on Resolutions, presented the following report, which was unanimously adopted:

The Thirty-Fourth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, and the sixth held in Philadelphia, the organic birthplace of the Association, being about to close, its members in attendance this year, desire to express, both their exalted sense of the abounding presence in this great city of Brotherly Love, of those institutions and material conditions, which contribute, in a special degree to the general intelligence, social order, health and national happiness of its favored citizens, and their grateful appreciation of the attentions and hospitalities which have been bestowed upon them during this meeting, with generous and unsparing hands.

To their very distinguished and beloved associate and friend, Dr. Thomas S. Kirkbride, and to his able and faithful assistants, Drs. S. Preston Jones and Wm. P. Moon, and their associates, and to the Managers of the Pennsylvania Hospital for the Insane, we again return our hearty acknowledgments for the pleasure and profit we have derived from an inspection of the admirable provisions, both in material arrangements and administration, which this, the oldest organization for the care of the insane, in this western world, continues to present for the comfort and remedial treatment of its afflicted inmates, and for their cordial and abund-

ant attentions to our comfort and refreshment, during the day so agreeably spent at that institution. Though the insane department of the Pennsylvania Hospital is the oldest provision in this country,* by about a quarter of a century, for the humane and remedial treatment of the insane, the earnestly progressive and philanthropic spirit with which, under its present head, it has always been administered, keeps it steady in the rank of the newest and best of American institutions of this class. Revering the good Providence under which Dr. Kirkbride has measureably recovered from a severe and protracted sickness, we trust that his life of usefulness and honor may yet be prolonged through many years.

In this connection we wish to express to Mr. Wm. Biddle, President of the Board of Managers of the Pennsylvania Hospital for the Insane, and Messrs. Samuel Mason, Benjamin H. Shoemaker, S. Wistar Brown, Joseph C. Turnpenny and Henry Haines, members of the Board, our high appreciation of their devotion to the Association of the entire day of our visit to that institution.

To Dr. John C. Hall, and the Managers of the Friends' Asylum for the Insane, situated at Frankford, in this city, we are much indebted for the pleasant afternoon they afforded us the pleasure of spending at that excellent institution. We found it to be steadily advancing in the extent and character of its accommodations, to be in shining cleanliness and order as usual, and to present abundant evidences of the very kind and beneficent care which we believe its patients have never failed to receive in all its history.

We return our thanks to Wm. H. Allen, LL. D., President, and Mr. Henry W. Arey, Vice President, of Girard College, for personally conducting the members of the Association through the buildings and apartments of that unique and admirably managed institution where nearly a thousand of fatherless boys are receiving a liberal business education and a sound moral training, which are shown by the prominence of its graduates in many of the useful walks of life. Two of its graduates are now in the Congress of the United States.

We have again had the great pleasure of the society and counsel of our illustrious and venerable associate, Dr. Isaac Ray, who, though long retired from the active duties of his profession, does not manifest the slightest abatement of his interest in the specialty of mental medicine, which he has so long and so conspicuously illustrated and adorned.

* Organized in 1750.

We are glad to be able to again record the pleasure we have had in the course of this annual meeting, of paying our respectful duty to Miss D. L. Dix, whose labors and name underlie the benevolent work in which so many of us are engaged.

We wish to express our appreciation and thanks for invitations from Hon. John F. Hartranft, President of the Board of Managers, to visit the buildings of the Hospital at Norristown, which are about to be opened for the care of the insane of the south-eastern counties of Pennsylvania; from Dr. J. N. Kerlin, Superintendent, and the Trustees of the Institution for Feeble Minded Children, at Media, Pa.; from the Faculty and Trustees of the Women's Medical College, of Philadelphia, and from the Library Company of Philadelphia, to visit their respective institutions, which we regret that we were unable to accept from lack of time.

We desire to commend the gentlemanly bearing of the reporters for the newspapers of Philadelphia, who have been present during the sessions of the Association this year, and to thank them for the fullness and general accuracy of their reports of our proceedings.

To Messrs. I. E. Kingsley & Co., proprietors of the Continental Hotel, we return our thanks for the courtesies we have received at the hands of themselves, and their clerks, and servants, during the week we have spent in their excellent hostelry, and for the use of a quiet, convenient room in which to hold our sessions.

On motion of Dr. Curwen, it was

Resolved, That this Association now adjourn to meet in Toronto, Ontario, on the second Tuesday of June, 1881.

JOHN CURWEN, *Secretary.*

MARRIAGE AND HEREDITARINESS OF EPILEPTICS.

BY M. G. ECHEVERRIA, M. D.,

Honorary Member of the British Medico-Psychological Association, and of
the Medico-Psychological Society of Paris, etc., etc.

Arethæus asserts that several physicians, and among them the famous Asclepiades, observed that venery cures epilepsy developed at the age of puberty. The same opinion was professed by Scribonius Largus, and, with these authors, the corruption of retained semen originated the spasmodic malady in such cases. Alfarius à Cruce, commenting on these primitive ideas, contends that, in similar instances, the change of age effects the cure improperly attributed to venery. His pupil Sinibaldi, declares venery powerless against fits exploding after the age of fifteen, especially in adults, or individuals of an advanced or old age. But in epilepsy à *putrescente*, upon seminal retention, venery may prove of such great moment as to occasion altogether its cure.*

This belief has prevailed until our days, acrimony of retained semen acting, according to Tissot,† as a powerful irritant of the organism in those instances of venereal epilepsy due to prolonged continence, and these views have been held by several other French writers.

The preceding notion has not prevented the recognition of venereal excesses among the principal causes of epilepsy by Aetius, Galen, Arethæus, and subsequent authors. Moreover, a kindred resemblance was sup-

* "*Geneanthropeia*." Romæ, 1643, p. 886, C.

† "*Traité de l'Epilepsie*." Lausanne, 1785, p. 73, § 26.

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posed between epilepsy and coitus, the former being not infrequently induced during the latter, which was compared by Democritus to a slight seizure *μικρα επιληψια*, or, as Faustus has described it—

“Turpis, et est morbi species horrenda caduco.”

A young man, observed by Schenck,* always saw a woman offering herself lasciviously to him, during his epileptic paroxysms, which were ended by seminal emission. The same author refers, besides, to a case in which Salmuth (Cent. i, obs. 99) remarked convulsions of the testicles during the fits.

Either as a practical result of this supposed essential participation of the genital organs, or of those in regard to the hurtful influence of the retained and corrupted semen, emasculation has been, from early times, employed as one of the remedies for epilepsy, still empirically tried in desperate cases. Eunichism did not exist in the Greek or Roman Republics, except as spontaneously self-practiced by the priests of Cibeles and of Diana Ephesi. But the Roman Emperors introduced it from Asia, about three centuries after the Republic, and it seems that emasculation against epilepsy was used by Cœlius Aurelianus, and was copied from him by E. Platerus and Mercatus.

Heurnius† performed the operation on several of his patients, and his practice is favorably cited by Sinibaldi and other classical authors of the seventeenth century. The celebrated Jean Taxil, who flourished during the latter part of the sixteenth century and the beginning of the seventeenth, says: “Some have advised eunuch-

*“Joannis Schenchius Observationum Medicarum Rariorum.” Frankfurt, 1665, Lib. i., “De Epilepsia,” p. 104.

†“Opera Omnia, Postrema Editio,” Lugduni, 1658. “De Epilepsia,” Ch. xxiii, p. 421.

ism to cure such malady (epilepsy), though I believe not intending to cure it thereby, but to prevent its transmission to offspring.* Hector Boethius† leaves no doubt as to such having been the declared object of the custom among the primitive Scots. "He that was trublit," says he, "with the fallin evil, or fallin daft or wod, or havand sic infirmite as succeedis be heritage fra the fader to the son, was geldit, that his infectit blude suld spread na firther. The woman that was fallin lipper, or had any infesion of blude, was banist fra the company of men, and gif she consavit barne under sic infirmity baith she and her barne were buryit quik."

This is the first and only legal measure against the hereditary spread of epilepsy that we have found distinctly recorded, in addition to the incapacity of epileptics to marry, pronounced by the Greek Church, and the local edict forbidding their marriage, issued in the middle of the last century, by Prince Stolzenberg de Hutten, Bishop of Spire. Of these three measures, the first has been the most radical and barbarous. Burton, after justly remarking that it was "done for the common good, lest the whole nation should be injured or corrupted," adds, "A severe doome you will say, and not to be used amongst Christians, yet more to be looked into than it is."‡ It is still empirically tried in desperate cases, and especially in those connected with masturbation, though not always with successful results.

The Mosaical and Roman laws make no allusion whatever to the marriage of epileptics. Nor did the Athenians forbid it, who, to prevent the degradation of their race, put to death all children born with any

* "Traité de l'Epilepsie, etc." Tournon, 1603, p. 229.

† "Croniklis of Scotland," trans. by John Bellenden, Edinburgh, 1536, Lib. 1.

‡ "The Anatomy of Melancholy." Oxford, 1621, p. 85.

infirmity—a terrible measure which, on the other hand, does not seem to have guarded them against the prevalence of the sacred disease or *lues deifica*. The Romans regarded marriage as a contract terminable at will. Among Christians, the spiritual and sacramental nature of the nuptial bonds consecrated them as indissoluble, and in questions concerning their validity or dissolution, the Church was the supreme unerring judge. Luther and Melancthon proclaimed marriage a mundane affair, not concerning any church regulation, but the practice in the German Empire continued, notwithstanding this declaration and the schism, without departure from the primitive Catholic canon, until the Emperor Joseph II introduced into the German statutes the principle advanced in France by Launoy—that marriage is a civil contract, under the exclusive jurisdiction of temporal authorities, the sacrament being a purely accessory thing benevolently added to it by the Church. For this reason we do not find, until the seventeenth century, in countries where the Reformation has been triumphant, divorce laws with special enactments in reference to epilepsy, as it may vitiate or render null and void the marriage. Before considering them we shall briefly notice the older *dicta* of the Ecclesiastical Court in Rome, which are still enforced in almost every Catholic nation belonging to the Latin race.

In 1588, Michael Syrum and Diana Brandanima, both of Greek extraction, were married in Venice, according to the Greek rite, and had a daughter who did not live long. In 1602, Syrum being enamored of another woman, or for some other motive, applied for the dissolution of his marriage, on the ground that he had acted by fear of paternal threatenings, *ex metu reverentiali*, and because Diana deceived him, concealing that she suffered from epilepsy at the time of marriage. Epileptics are by the Greek rite deprived of legal capacity to marry, and, confident in this, Syrum submitted the case to a Greek Prelate at Venice; but he decided against

Syrum, who was equally unfortunate on his appeal to the Auditor of the Chamber that confirmed the sentence. The case was then carried up to the Rota at Rome. This tribunal pronounced the Prelate's decision unauthorized by the Pope, or the Patriarch at Constantinople, whereas the Auditor's sentence was also void for his want of jurisdiction over matrimonial matters. But it did not thereby sustain Syrum's petition, for the supreme decision, besides rejecting the plea of intimidation, and noticing the fact that Syrum could not claim the benefit of the Greek canon while he lived subject to Latin laws, sets out the following no less adverse conclusions in regard to the second allegation in the demand:

"17. Epilepsy does not prevent or annul marriage."

"21. It is an erroneous sentence to annul a marriage already contracted, by reason of epilepsy."

"22. The Roman Church does not tolerate indistinctly the Greek rites in her divine celebrations, but only those approved by the Apostolic See."

"24. Neither laws nor customs have any force against divine rights."*

The above decree of the Ecclesiastical Court at Rome—that epilepsy does not prevent marriage—was altogether disregarded when the Prince Bishop of Spire, as previously stated, issued, in 1757 and 1758, an edict to the tribunals of his own dominions, forbidding the marriage of epileptics, under severe punishment of those who, by fraud or otherwise, should contribute to its execution. This important enactment is cited by Mahon† and Delasiauve,‡ but without indicating its bibliographical source, which we have unsuccessfully searched for to see the grounds exposed by the learned Jesuit Bishop for his judicious measure, in opposition to the maxim laid down by the Supreme Roman Tribunal, that epilepsy does not prevent marriage. This maxim reverses older decisions, often

* "Pauli Zachinæ Quæstionum Medico Legalum, etc." Tomus Tertius. Lugduni, 1673, "Decisio, lvii, Rot. Rom.," p. 107.

† "Médecine Légale et Police Médicale." Paris, 1807. Tome iii, p. 92.

‡ "Traité de l'Epilepsie." Paris, 1854, p. 530.

applied, of Saint Thomas and other recognized authorities in the Roman Church, and which, most probably, had greater force not to hinder the edict of the Bishop of Spire. They especially refer to epilepsy as a grave and incurable infirmity, which, like ozena, syphilis, or any other contagious malady, may become a cause to dissolve the espousals or *sponsalia*, as cited by Sanchez* and Zacchias† in their standard works.

The Greek Church, as just noted, regards the epileptics as incapacitated—*inhabiles*—in respect to marriage. This law is mentioned by Zacchias, who adds, as it is also asserted by Du Preau‡ and others, that no impediment is raised by the Greek Church to voluntary divorce.

The terms of the Ecclesiastical Laws in Saxony are quite explicit in reference to epilepsy as a cause for repudiation. Marriage, as stated by Benedict Carpzov, || may be annulled on account of epilepsy, paralysis, or other contagious malady affecting one of the parties; or, when any of said maladies existed already before marriage but was concealed; it being further provided, that, prior to granting the divorce, the circumstances of the case should be prudently considered to ascertain whether both parties were cognizant of the fact and therefore consented willingly to marry; and, before deciding the dissolution of the matrimonial bonds on the plea of any contagious or loathsome disease, time should be fixed to determine positively that this is really incurable.

* "De Sancto Matrimonii Sacramento Disputationum, etc." Lugduni, 1739. Tomus Primus, Lib. i, p. 106.

† *Op. cit.*, Tomus ii, n. 18, p. 773.

‡ "De Vitis, Sectis, et Dogmaticum Omnium Hereticorum, Gabrielum Praetorium Marcorsium," Coloniae, 1581. Lib. vii, § 15, p. 203.

|| "Jurisprudentia Ecclesiastica seu Consistorialis." Lipsiae, 1731, Lib. ii, Lib. x, p. 268.

In the case of Heinrich K., and Kunigunda, the daughter of Daniel E., it was alleged that Kunigunda, on account of epileptic fits, had become unfit for the matrimonial state, wherefore both earnestly prayed to be allowed to have their marriage vows annulled, and the President, Assessors, and Upper Consistory, decreed, the 27 April, 1621, that it should be so granted.

Andrea Bayer,* in his supplement to Carpzov's work on Ecclesiastical Jurisprudence, refers to a subsequent decision of the Supreme Consistory, dated October 15th, 1703, and enumerates the incurable and contagious disease therein judged cause of divorce, namely, *Leprosy, Epilepsy, Phrenesis, Morbid Gallicus, Phthisis, and Hydrops*, to which are also referred Apoplexy and Paralysis. Whenever one of the parties shall ignore that the other suffered from any of said diseases before marriage, or when the disease happens subsequently to it, there is cause for repudiation, provided it is the positive judgment of the physician that such disease is contagious and incurable.

Michael Alberti relates another very interesting case tried before the Supreme Consistory, and favorably decided the 17th December, 1736.

The petitioner, a woman, K., applied to the Ecclesiastical Court to make the celebration of her marriage null and void, because her betrothed, U., had epilepsy. The petition sets forth that he had fallen into ill-health, *i. e.*, epilepsy, when young as well as of late years. The Leipsic Faculty was consulted whether such a man, who had in late years been so afflicted, was in danger of becoming attacked again with the above-mentioned epileptic disease, and whether the woman who marries him need be afraid of her own constitution suffering thereby.

In a lengthy report, in which all the circumstances connected with the case are carefully examined, the faculty replied : that such

* "Additiones ad Benedicti Carpzovi Jurisprudentia Ecclesiastica vulgo Consistorialia." Lipsiæ, 1732, p. 128.

cases are very rarely cured. That epilepsy is certainly not contagious: the Faculty does not say that K. will either become epileptic, or that her life must be in danger, but holds the opinion that all the circumstances adduced may easily prove injurious to her health.

The Halle Faculty was also consulted on the case, submitting for their consideration that, when at school U. was struck by the master on the head, and the blow was followed by epilepsy, to which he continued subject thereafter. He was betrothed to K., but before the celebration of the marriage, she began to be afraid of the fits, and dreaded an unhappy marriage. She thought that, under such circumstances, her espousal was not valid or obligatory, but could not be dissolved on account of such a severe disease. She asks the Faculty's opinion, as her lover has not (from being treated medically) had fits for two years. The Faculty, in reply, express the fear that anxiety of life and matrimony will renew the attacks, particularly because the marriage act is very injurious to epilepsy, or to those who were formerly affected with epilepsy. Considering that coitus is already called by some authors a slight epileptic fit, which affects either the brain and the whole generative functions so as to render the subjects impotent, or unfortunate parents, by conveying to their children an incurable disease; therefore is applied to this case the principle established by Stryck and Nicolai in regard to impotency as a cause for the dissolution of espousals. The faculty concludes that it can not be maintained, with consistency, that U. is entirely freed from epilepsy, and that one must fear rather from manifold causes, and particularly from the restraint and anxiety of married life, a severe relapse. Petition granted.

There was subsequently an appeal from this decision, but no judgment appears to have been given as to the propriety of marriage. All that the statement signed by the judge amounts to is, that U. was then (17th December, 1737) sound in health, and able to work like other young men.* The inference is that the judgment was reversed.

The laws of Denmark do not differ from those of Saxony. They provide among the various causes for repudiation or nullity of marriage, that—"§ 74, n. 7. If it

* "*Michaelis Alberti Jurisprudentia Medica.*" Lipsiæ, 1737. Casus, xxiv, tomo quarto, p. 490, et casus xxv, tomo quinto, p. 649.

should be discovered that the husband, or the wife, has concealed some secret disease, as for instance, leprosy, epilepsy, or any other kind of contagious or loathsome affection, existing before they united in marriage, their divorce, if wished, may be granted. But, should he or she become afflicted with any of such maladies after celebration of marriage, a certain length of time should be fixed on to employ suitable remedies to expel the malady, and if the diseased person is unable to do it, the marriage then should be declared void if so petitioned.”*

The Ecclesiastical Law of the Church of England makes no especial reference to epilepsy as a cause to invalidate or annul marriage. The common law treated the marriage bond as indissoluble, until 1857, when the Statute 20 and 21 Vict., c. 85, took away from the Ecclesiastical tribunals all civil jurisdiction over the subject of marriage and its incidents, conferring it entirely upon courts of justice, with jurisdiction to grant divorces *à vinculo matrimonio*. We are not aware, however, of epilepsy having been ever interposed as a cause for divorce, nor that it has invalidated in Great Britain, a contract of marriage, under the modern resolution of the civil courts, that the marriage of a lunatic not being in a lucid interval is absolutely void. Although epileptics are not legally considered as lunatics, they not unfrequently fall into a condition in which they accomplish their acts automatically, in an unconscious manner, that necessarily vitiates them and renders them not binding in law. We shall presently cite a recent case in which marriage would have been consummated under these circumstances, if it had not been prevented, at the very moment of celebrating the nuptial rites in the church, by the relatives of the epileptic.

* “Regis (Gloriosiss. Memoræ) Christiani Quinti Leges Danicæ.” Trans. into Latin by Petrus A. Höyelsinus, Hauniæ, 1710. Lib. iii, p. 270.

This irresponsibility appears distinctly recognized in the case of Abbot Gatus,* subject to violent epileptic fits, and who, under the influence of one of his attacks, executed an instrument that was declared, on this account, void by the Roman Court. It was in this case that Zacchias asserted that epileptics are wholly irresponsible for some days before their fits, and in *gravissimo morbo*, or very severe attacks, for three days after.

As a complement to this doctrine, subsequently held and acted upon by different medico-legal authorities, Zacchias sets down that, in *levioribus epilepsiis*, or *petit mal*, the patient, contrary to what happens with the very severe fits, is neither before nor after the attacks of unsound mind. We need not insist on the incorrectness of this latter assertion; nor is the term of three days' duration of the epileptic insanity after the severe attacks, by any means its extreme or invariable limit, as supposed by Zacchias. When describing the true epileptic nature of the unconscious state here considered in relation to acts of violence,† we presented a series of cases of *petit mal* and vertiginous fits, with which these prolonged, singular mental paroxysms of real insanity are commonly associated. The following is an instance of marriage celebrated during one of such paroxysms of mental epilepsy:

In August, 1873, a young epileptic, heir to a large fortune, and belonging to a noble family, was induced to marry, during one of his mental attacks, a common young actress from the Bowery Theatre, New York. Neither his mother, then absent, nor his intimate friends became cognizant of the occurrence until he sent his wife away, in the most violent manner, from the hotel where they had been lodging for two weeks after their civil marriage.

The actress immediately instituted legal proceedings against him, who denied the acts he had accomplished at the time of the

* P. Zacchias, *op. cit.*, Tomus Posterior, pp. 161 et 162.

† "American Journal of Insanity," April, 1873, Vol. xxix.

marriage, attributing, very angrily, the action brought against him to a deliberate swindle on the part of the actress' mother, who shrewdly projected and carried the marriage into quick execution, profiting by the mental condition of the spendthrift young man. But the evidence against him left no room to doubt as to the reality of the marriage. Although subject to occasional attacks of *grand mal*, only in the morning, and to daily fits of *petit mal*, followed by an unconscious state, during which he executed the most extravagant and lavish acts, epilepsy was not suspected as the cause of his strange conduct at the moment of the marriage.

The morning he ejected his wife from his apartments, he had just recovered from one of his convulsive seizures. Anxious to avoid scandal and disgrace to the family, his mother paid a large sum to the actress to stop all legal proceedings against the young man, who was sent abroad, and his divorce obtained without opposition.

We now pass on to narrate a no less remarkable example bearing some similarity to this, to which we have already alluded.

The case, that of "*Sans v. Whalley*," came before Mr. Justice Manisty and a common jury, at the Bail Court, Westminster, on the 3d of May, 1880. It was an action brought by Isabella Sans, a widow (who was until recently a beershop-keeper at North Woolwich), to recover damages from Joseph Lawson Whalley, a widower (Holly Terrace, Leytonstone), for breach of promise of marriage. The damages were laid at £2,000.

For the last three years the defendant, since the death of his mother, had given way to drink a great deal. He had as many as six epileptic fits a night, followed by insane attacks, when he would ask if his wife was dead, and why she had been buried without his knowing it. He was in the habit of visiting Mrs. Sans' house, and on several occasions proposed to make her his wife; but she refused on account of misgivings as to his intemperate propensities. On September 11, 1879, the defendant renewed his demand in the presence of three other persons, and, to make assurance of his engagement, he asked for paper, pen and ink, requested that the eldest son of Mrs. Sans should be sent for, to know if he had any objection to the marriage, which he had not, and thereupon Mr. Whalley wrote out the following promise: "I agree to marry Mrs. Sans to-morrow by license. (Signed) JOSEPH LAWSON WHALLEY."

He then gave her a diamond ring, which was lent to him by his aunt, as an engaged ring. On the following day he came to London, and, accompanied by Mrs. Sans and her brother-in-law, they went to Doctors' Commons for the license, and he paid for it with a five-pound note, obtained by Mrs. Sans' pledging two rings of hers and the one Whalley had given her. He asked Mr. Sans to take the license to the church, so that they might be married at eight o'clock on the following morning. He slept at Mr. Sans' that night, and on the following day they all three, and Mrs. Sans' daughter, went to the church, which was not open, for the sexton was at breakfast; but when he came, the Brightmores—relatives of Mr. Whalley—and other people were crowded outside of the church. Mr. Brightmore seized hold of Mr. Whalley's arm, and said: "Come away Joseph; you shall not marry that woman." Mr. Whalley replied "I am perfectly sober and know what I am doing; if you come near me again I will have you locked up." In the church, Mr. Beele (the Vicar) took Mr. Whalley into the vestry, and informed him that he had received a communication from Dr. Vance stating that Mr. Whalley was suffering from delirium. The latter remarked: "What a shame I can not marry the woman I like. Had I known it I would have obtained another medical certificate." The Vicar asked Mr. Whalley, in the presence of the Brightmores, what were his intentions, and he replied: "To make Mrs. Sans my wife, as I have intended for the last seven months," on which the minister said: "That does not look like insanity, Mr. Brightmore."

Dr. Sharpe, of North Woolwich, who had been brought to examine the defendant, saw him in the vestry of the church. He exhibited symptoms of delirium tremens—hard drinking must have been going on to produce them. He was unfit to contract matrimony, and advised him to delay it for a fortnight, which he was willing to do. But, although so agreed, Mr. Whalley failed to keep his promise at the expiration of the fortnight.

Mr. Mitchell, assistant to Dr. Sharpe, corroborated his testimony.

Dr. Vance testified that he had attended the defendant on several occasions for epilepsy and delirium tremens. Some of the symptoms were very severe; but he did not see the defendant professionally between the 21st of August and the 14th of September. He found him on the latter day in a high state of delirium. (This was the day after he wrote the communication to the Vicar.)

Mrs. Brightmore, aunt to the defendant, testified that he had fits; as many as six a night, followed by insanity, and also delirium

tremens. On the 3d and 4th September he had fits. She procured Dr. Vance's certificate, and gave it to the clergyman. She brought Dr. Sharpe and Mr. Mitchell to examine the defendant, who left the church with Mrs. Brightmore's sister, and was then in a bad state, and had fits.

Mr. Whalley said: I am the defendant. I am 33 years of age, a widower, with two children. I went to live at North Woolwich about February, 1879, with Mr. Brightmore, a cousin of mine. I have given way to drink a great deal, and at different times I have been attended for disease brought on by drink. I was in a drunken state from March to September, 1879—never thoroughly sober. I used to drive about and visit my friends. When I walked about I used to meet friends, and go off with them drinking. I was in a fearful state of drunkenness in September, and can not remember any particular day dining at home. I have gone occasionally to plaintiff's house to drink. I do not remember being there on the 11th September. (The written promise to marry produced.) I have no recollection of anything about it, or of going to London with the plaintiff or her son, and going to Doctors' Commons. I have not the slightest recollection of it, or anything that was done there, or at North Woolwich. I don't recollect being in the church to be married. I was told of it several days after; I was quite surprised when I heard of it. I was laid up for some time after I was told of it, with delirium tremens. I believe the signature to the application for the license to be mine, but I have no recollection of signing the document. I do not know what has become of the license. My wife died in July, 1878. I am now under medical treatment.

Other witnesses also deposed as to defendant's drunken habits.

Counsel having addressed the jury, the Judge summed up, and the jury returned a verdict for the plaintiff—damages £25.

In this case, delirium tremens seems to have been assigned as the cause of the defendant's conduct; but it is manifest that his condition and demeanor were not those consequent thereon, whereas they quite agree with the paroxysms of epileptic insanity, ordinarily displayed by individuals who can imbibe large quantities of liquor without any remarkable sign of intoxication or of delirium tremens, which may, nevertheless, suddenly explode as a forerunner of a convulsive attack,

upon some potation beyond the habitual quantity. In delirium tremens there is a group of symptoms that can not be mistaken. The terrifying hallucinations, the melancholy with homicidal or suicidal tendencies, the stupor, and, above all, the trembling of the facial muscles, with quivering of the hands and limbs, are phenomena too obvious not to have been noticed as proofs of legal unfitness in Mr. Whalley by those to whom he applied for the license at the Doctors' Commons, or by the Vicar of the church, on the morning of the 13th September. Nor was the least allusion made to a single of these striking symptoms by any of the witnesses.

On the other hand, and this is a point strongly bearing on the case, epilepsy in delirium tremens exists, it is true, without any relation to the motory derangement, and may even set in with hardly any tremor; but it never occurs without the delusional mental manifestations evidently wanting in this instance. On the contrary, chronic alcoholism may persist for a long while, with no other conspicuous effect than epilepsy, like that arising from other ætiological sources. But, under such circumstances, the mental, or the vertiginous kind of attacks, are the most commonly observed, and the latter are frequently associated with sudden acts of violence, or with an automatic unconscious state, similar to somnambulism, which may last several hours, or even days, and generally terminating, as in Whalley's case, by a violent maniacal or spasmodic paroxysm, the transition to a sound condition of mind taking place, in every instance, after a long, profound sleep. And then, the epileptic exhibits absolute amnesia of what he has done automatically, in an apparently conscious manner, during his mental paroxysm.

The communication sent to the Vicar by Dr. Vance, stating that Mr. Whalley was suffering from delirium tremens, has no legal value, since Dr. Vance, as he testified, had not seen Mr. Whalley professionally between the 24th of August and the 14th of September, which was the day after he had already written such declaration.

It would seem that, when Dr. Sharpe was brought to see Mr. Whalley, he exhibited some motory trouble, which the doctor regarded as symptoms of delirium tremens, but which, we rather think, was indicative of the threatening fits Whalley had after leaving the church with Mrs. Brightmore's sister. Moreover, this terminal convulsive stage of the mental attack was, as usually, attended with the high state of delirium noticed by Dr. Vance on the 14th of September.

Finally, the series of acts executed by Mr. Whalley in relation to his marriage is not compatible—we repeat it—with any form of delirium tremens, whereas the singular occurrence and complete oblivion, of such acts, bear all the characteristics of epileptic insanity. Facts not disclosed at the trial may yet alter these views; but, based on the above reasons, and the testimony of which we have reproduced the main points, we regard Whalley's case as a typical one of alcoholic epilepsy, his insanity not differing symptomatically from that of other kinds of epilepsy. The only remark we should add, in conclusion, and in reference to the judicial decision, is, that no breach of promise could have been committed by a man who was evidently in an unfit mental condition to contract any legal obligation at the time when he made and signed the promise of marriage.

The laws and religion of France consider the marriage bonds indissoluble, because the civil contract of marriage can not be executed without the mutual consent

of the parties, which involves their sanity and free-will at the time. Legrand du Saulle* rejects the idea of introducing into the civil codes pathological grounds for judicial separation or dissolution of marriage, and deprecates in strong terms the social evils that would flow out therefrom. For "want of French observations of such a striking interest," Legrand du Saulle cites an example, borrowed from the "American Journal of Insanity," to illustrate the dissolution of marriage on account of epilepsy, maniacal furor, and murder. This often-cited observation, at first quoted from the "American Journal" by Falret, in his standard Memoir on the "Mental State of Epileptics," has been copied therefrom by Legrand du Saulle and other French medico-legal writers, but without noticing that the case has been decided by the French Court at Mantes, and not in America, upon the most judicious and convincing argument of M. Amelot, Royal Procurator. This case establishes an important precedent which has thus passed ignored. On this account we here present its faithful translation.

"Civil Court at Mantes (Seine et Oise), Presided by M. Castel.—Audience of the 28th December, 1844.—Marriage contracted by an epileptic.—Application for its nullity.—Murder of the father-in-law the very day of the wedding."

"This strange trial, perhaps without example in our judicial records, raised the most perplexing medico-legal question of ascertaining the mental disposition of a man subject to epilepsy, during the hours immediately preceding a furious fit, and whether such disposition deprives him of exercising his free-will."

* "Etude Médico-Légale sur les Epileptiques." Paris, 1877; p. 217.

"The following are the circumstances of the case: François Levieil, aged twenty-eight, a shoemaker at Jusiers, had suffered for several years from epileptic fits. The malady commenced from a fall on the ice. The attacks, at first confined to slight fugitive absences, assumed subsequently a most serious character, degenerating into furious mania. During the years 1838-39-40 and 41, Levieil served in the 5th Light Regiment, in which he pursued his trade of shoemaker as private out of the ranks of the company. He then had frequent epileptic fits, almost always preceded by a short loss of consciousness, during which he would either take the hammer, the knife, or any other tool at hand, to use it as an auger, or would again use this latter instead of a hammer, thus becoming, by such awkwardness, the laughing-stock of his comrades.

When discharged, Levieil returned home in September, 1841, determined to marry and to keep on with his trade. He became soon affianced to the daughter of François Moron, a farmer of Jusiers, and the marriage was fixed for the 26th of the following October. On the 24th Levieil was seized with pains in the head, which seemed to him a forerunner-sign of an attack. He called on a physician at Meulan, who had treated him secretly since his return, and asked that he might be bled—an operation from which he had always derived relief; but the physician refused to do it, remarking that he should not abuse this remedy.

On the morning of the 26th, a few hours before the ceremony, Levieil, suffering from ever-increasing pain, was bled by another physician at Jusiers, but this late operation afforded slight relief to his persistent headache.

However, the civil as well as religious ceremonies took place. Levieil behaved himself properly; he seemed calm and composed, but deeply taciturn; he uttered no word beyond the inevitable *yes*. Did such a calm and concentration and silence indicate in him the state of a man who thinks and reflects profoundly on the importance of the engagements he is about to contract? or, did they not rather evince the dreadful symptoms observed by science in epileptics during the moments preceding their acts of fury? Be this as it may, on leaving the church, Levieil suffered from such a violent headache that using his own expressions, "it seemed as though a boiler with boiling water were within his head." He accompanied the wedding party to the house of his father-in-law, located opposite his own; but they were obliged to lay him in bed, in a room adjoining that in which the nuptial dinner was spread. Then the fit of furious epilepsy explodes, suddenly developed after

much uneasiness, and quickly reaches the extreme of the paroxysm. He throws down the persons with him, and, while they run out to get ropes to bind him, he rushes out of the house in his shirt, takes hold of a shovel, sees a woman, pursues her and knocks her down with a blow on the head. His brother-in-law interposes to stop him; but he and those who accompany him are in turn chased. Levieil then lies on the ground before his house-door, grinding the pebbles with his teeth; after a while, stands up and goes in to get a shoemaker's knife; he burst open the door of his father-in-law, Moron, and rushes in, saying, "I must kill you all." The first person that he met was his father-in-law, who, on the instant, falls dead, pierced by several blows with the knife.

The attack which had these terrible consequences, continued for three consecutive days, during which they had to confine this wretched man in a sack. On the 29th, Levieil had recovered his senses, and, only remembering the circumstances of his marriage, he had altogether forgotten what had occurred subsequently, and believed that he had constantly slept since that time. He was a few days afterwards transferred to the *Maison de Santé* at Clermont, where he still remains, and whence he will probably never come out, for his malady is incurable, and, although the fits are rare, they are of such an extreme, sudden violence, that his confinement will be always necessary to public safety."

"Under these circumstances, the guardian of Levieil, who had been interdicted, applied to the Court for a declaration of the nullity of the marriage, on the ground that, at the time of its execution, Levieil was already under the influence of his disease, and, therefore, incapable of giving a free consent.

M. Legaux, of Mantes, the advocate, urged strongly the application; he tried to show that Levieil's insanity existed already during the hours preceding the marriage, sustaining his assertion by the opinion of Dr. Bonneau, charged the day after the events, to visit Levieil to inquire into his mental condition.

Mr. Escaude, counsel for Mme. Levieil, chiefly interested in the success of the application, spoke on the same strain, appealing to the Court's equity.

M. Amelot, Royal Procurator, calls the attention of the Court to the singular and anomalous position of this married couple separated for ever after a dreadful event, without having ever cohabited, and who, should the marriage be maintained, will remain no less bound to each other by the inflexible law. He recalls the whole circumstances of the affair, laying particular stress on those which seem to indicate that on the very morning of the marriage-day, Levieil was in a bodily and mental condition that rendered him unfit to give a free consent. Levieil, he said, behaved himself decently at the municipal office, and the church; he answered to the sacramental questions, but, was he not at that moment under the thralldom of that terrible malady which was to manifest itself, on coming out of the church, by the furor and homicide? Was not the profound taciturnity, remarked by the witnesses to the marriage, the very sign of a reason already overwhelmed and half paralyzed by that violent headache, which Levieil, in his recollections, compared afterwards to boiling water in a boiler? The little intelligence and will that were then spared sufficed him, undoubtedly, to walk freely and, in case of need, to utter some monosyllables; but, did this intelligence, did this will, undermined by a volcano ready to explode, allow him to understand in all its gravity, the importance of the act he was accomplishing?

On this point the magistrate's conviction could only be formed upon consulting science and the experience of men who have thoroughly studied this kind of maladies, and who assert, that in certain epileptics the acts of fury are ordinarily preceded by a period of calm and taciturnity more or less prolonged, throughout which a progressive process of intellectual derangement, ultimately leading to furious dementia, takes place. We do not pretend to demonstrate by rigorous proofs the

mental situation of Leveil at the moment of the ceremony of his marriage. Proof of insanity, when such insanity is not yet betrayed by words or acts, but by calm and silence foreboding the storm, can only be furnished by God. We rest only on presumptions, but they are grave; they are based on the study and observation of analogous facts by experts, and they suffice, if not to lead us to a certitude—at least, to create a doubt. Therefore, the doubt, on a question intended to decide if the union stamped with such an appalling episode has been freely contracted, ought not to be interpreted in an unfavorable sense to the wishes of the two families who jointly pray for its nullity.

The Court, agreeing with these conclusions, decided for the nullity of the marriage.”*

Far be from us any disposition to open the doors to legal precedents that might loose the indissolubility of the matrimonial bonds, but it is as clear an act of justice as any can be, and as incapable of being affected by any fundamental moral principle, that the Court at Mantes could not have arrived at any other decision than to pronounce null and void the marriage of Leveil. To the common judgment of mankind the equity and justice of this decision are self-evident, while the course pursued thirty-six years ago by the French Royal Attorney and Judge, evinces a correct humane appreciation of the singular ways in which the mind may become disordered, and insanity exist without apparent signs that are worth the attentive consideration of most public prosecutors and justices of our day.

An unpublished case, somewhat analogous to the preceding, has been lately communicated by the eminent

* “*Gazette des Tribunaux.*” N., 5523, Jan’y 7, 1847, p. 226,

Dr. Delasiauve to Dr. Hack Tuke, who has brought it to our notice, and kindly allowed us to quote it here:

In 1869 a bride and bridegroom had just met at the Mayor's office, when the municipal officer became informed, through an anonymous letter that the future husband was an epileptic. Thereupon, an explanation took place, accompanied by surprise at the disclosure, and reproaches of ill-will. The marriage was, however, accomplished at the Mayor's office and the church. But, in the midst of the wedding-ball, the husband, being seized with a fit, had to be removed into a room, and on his return to the party, in a quarter of an hour, fell again with a second fit. Dr. Delasiauve was consulted the day after. In consequence of the impossibility of annulling the marriage by the French laws, no other course was left but to postpone cohabitation, and to prescribe a treatment. The bride's family were acquainted with the Imperial Minister of Justice, and, on Dr. Delasiauve's advice, he was informed of all the circumstances of the case. Unfortunately they were not heeded. The married couple went to live together, at the end of three weeks, and they kept on living by themselves, supported by their respective families. The fits increased in frequency, until the unfortunate husband died, three years after his marriage, leaving three children.

The common laws in the American States do not offer great impediments in the way of married persons seeking to be divorced. We know, however, only of one instance (in New York) in which, eight months after marriage, the divorce was obtained on the grounds of ill-treatment during the furious fits of epilepsy, and desertion by the husband.

We remarked in the beginning that venery has, since the earliest times, been considered a remedy for certain kinds of epilepsy, wherefore marriage has been advised with that object. We have discussed this subject at length in our *Clinical Researches on Epilepsy*, and need not repeat here what we have there stated. Assuredly, "it is manifest," as Sieveking very properly notes, "that the difficulty of meeting with instances which establish

the point, sufficiently demonstrates the truth of the general law that marriage is not curative in epilepsy."* Dr. Collineau has lately advocated the marriage of epileptics, with theoretical arguments which seem very plausible, but are nullified by its lamentable results. Delasiauve,† with unsurpassed competency, has condemned this attempt to revive such false doctrine, for, as he observes, "it may be said, from a therapeutical standpoint, that the remedy is worse than the evil, as evinced by experience."

In proof of this we could cite, among others, the very eloquent and sad instance of a young man, of strong physical constitution, subject to nocturnal epilepsy, and who was prescribed, by a physician, to marry as the best remedy for his attacks. He followed the advice, concealing his malady from his unfortunate bride. But the fits, instead of abating, increased in frequency and intensity, until he suddenly died one night, four months after marriage, in a most violent paroxysm, immediately after coitus. His young wife remained pregnant, and gave birth to a child, who died at the age of five months, from hydrocephalus and convulsions.

A patient of the late Dr. Charles Budd of New York, having married, died upon a series of fits, after the first intercourse. She had also expected to be cured by marriage of her epileptic malady, notwithstanding the contrary opinion of Dr. Budd. This case recalls that reported by Felix Plater,‡ in which a young woman died, on the very first night of her marriage, of violent convulsions, induced, however, it is stated, by anger at the refusal of her brothers to consent to her

* "On Epilepsy," London, 1858, p. 113.

† "Journal d'Hygiène," Paris, 1879. Vol. iv, pp. 325 and 339.

‡ "Felicis Platerii Observationum, etc.," Basilea, 1641. Lib. i, p. 37.

wishes in regard to property matters. The widower claimed the dower, which was at first denied by the brothers-in-law, who finally paid him one thousand florins.

Intimately connected with the question of marriage, is that of the hereditariness of epilepsy, on which there is quite a difference of opinion among standard authors. Even some of those who recognize the powerful influence of an inherited constitutional tendency on the development of the neuroses and insanity, and Morel among them, do not admit the transmission of epilepsy from parent to offspring, while others reduce it to a very slight or insignificant proportion. Among the former, Lasègue further asserts that, "epilepsy (*la grande épilepsie*) being not a disease, but an infirmity, is acquired only in two possible ways: by traumatism effecting permanent lesions, or by spontaneous deformity."* Without entering into the objections to these views, we shall merely point out the cardinal fact, disregarded by Lasègue, of the hereditary transmission through which structural peculiarities and infirmities (not in the broad sense of the term, but as here applied to the imperfect development of the cranial bones) are commonly acquired, and which upsets such restricted ætiology of epilepsy, rendering at the same time more inevitable its hereditary spread.

It will be of no practical importance to discuss the conjectured reasons for the negative results obtained by Tissot, Maisonneuve, Gintrac, Leudet, Morel, Delasiauve, and those who reject the hereditary transmission of epilepsy, sustained by Portal, Boucher and Cazauvieilh, Beau, Moreau, Trousseau, Foville, Voisin, and many others who have accumulated evidence so ponderous as to make the denied fact wholly irrefragable.

* "De l'Épilepsie par Malformation du Crâne," p. 12. Rep. from "*Annales Méd. Psych.*," 5e S. Tome xviii, Paris 1877.

Knowing how subject to uncertainties are the inquiries into the hereditary transmission of diseases, when studied from offspring to parents, we have proceeded in an opposite manner, and, starting from the epileptic parent, we have endeavored by researches, continued for more than ten years, to ascertain the real state of health of the offspring, excluding from our calculation every case in which we have not been able to verify the facts asserted. We are also aware that the same plan has been pursued by Foville,* Voisin,† Martin, and others, but on a smaller scale, though arriving at results agreeing with those presently exposed.

A series of 136 married epileptics—62 males and 74 females—begot 533 children, of whom:

	Males.	Females.	Total.
Died in infancy of convulsions,.....	89	106	195
Died very young from other diseases,.	16	11	27
Still-born,	9	13	22
Epileptics,.....	42	36	78
Idiotic,.....	11	7	18
Insane,.....	5	6	11
Paralytics,.....	22	17	39
Hysterical,	0	45	45
Choreic,.....	2	4	6
With strabismus,.....	5	2	7
Healthy,....	63	42	105
Total,.....	264	289	553

Taking into account that in one instance both father and mother were epileptics, we may represent in 134 families (136 individuals) the hereditary relationship:

From the paternal side in 61 cases.
 From the maternal side in 73 cases.
 From both parents in 1 case.

* "Annales Médico Psychologiques," Tome ii, 4e s., 1878 p. 120.

† *Ibid*, Tome xii, p. 120.

The 73 females begat 298 children—116 males and 182 females; among the former 47 died of convulsions in infancy, and 28 were epileptics; whereas among the remaining 255 descendants from epileptic fathers, there were of the female sex, 24 epileptic, and 42 who died of convulsions in early infancy. This evidently shows that the transmission of epilepsy does not exclusively occur from the mother to the daughter, or from the father to the son, as supposed by some writers; but the epileptic mothers transmitted their malady to a greater number of offspring than the fathers, for the former begot 57 of the epileptic children, 107 who died of convulsions, and only 38 healthy.

Hereditary predisposition existed already among 87 of the parents—40 males and 47 females, in the following relationship:

	Males.	Females.	Total.
Had epileptic father,	3	5	8
“ “ mother,	6	4	10
“ “ grandparents,	3	2	5
“ “ brothers,	1	3	4
“ “ sisters,	5	3	8
“ “ uncles,	4	3	7
Had insane father,	3	6	9
“ “ mother,	6	8	14
“ “ grandparents,	4	5	9
“ “ brothers,	0	2	2
“ “ sisters,	3	2	5
“ “ uncles,	2	4	6
Total,	40	47	87

Epilepsy existed in the three generations in 19 of the male and in 27 of the female patients. Insanity in the grandparents re-appeared in the grandchildren in the families of two males and three females. Some, if not all the children begot by parents tainted with hereditary predisposition, exhibited unmistakable evi-

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dences of it. Every case of insanity, except two among the females, issued from this class of tainted parents, who begot 321 children, affected as follows:

	Males.	Females.	Total.
Epileptic,.....	28	34	62
Insane,	5	4	9
Idiotic,	7	5	12
Paralytic,	9	12	21
Died of convulsions in infancy,	56	73	129
Died of other diseases in infancy,....	3	16	19
Died of hydrocephalus,	6	8	14
Still-born,	5	7	12
Healthy,	20	23	43
Total,	139	182	321

Of the above 43 healthy children, representing 13.39 per cent of the total in this series, 38 have already passed the age of 15, the eldest being 27 years. One of the males, aged 17, displays great musical talent. The 62 children who had epilepsy, with the 129 who died in convulsions, make a total of 191, amounting to 37.69 per cent of cases in the above table, in which the convulsive neurosis has been directly transmitted from parent to offspring.

Father and mother epileptic begot five children—two died of convulsion in early infancy; one of hydrocephalus; and of the remaining two girls, one seven years old is an epileptic imbecile, but her sister has a bright intelligence, although of a very feeble physical constitution.

One of the females became epileptic immediately after her first confinement. She displayed the most violent homicidal impulses. Her two first children died in infancy of convulsions, and the third, born at the hospital, was transferred to the Infants' Hospital. Her father, an epileptic and inveterate drunkard, mur-

dered his wife and two children during one of his fits, for which crime he was condemned to life imprisonment in Ohio.

The largest proportion of healthy children—62—issued from the 49 parents who did not exhibit any constitutional neurotic predisposition. They also begot 16 children with epilepsy, and 66, who died very young of convulsions, making 82, or 35.34 per cent out of their whole 232 descendants. The healthy offspring from these parents amounts to 26.81 per cent, and of them 45 have already passed the age of adolescence. In 23 of these 49 parents, epilepsy was developed from one to five years after marriage, and they subsequently begot 7 children epileptic, 11 who died in infancy of convulsions, 1 idiotic, 4 paralytic, and 37 healthy. Let us add that only 7 parents—6 males and 1 female—begot 18 children all healthy, whose ages are now from 13 to 20 years.

Epileptics with a neurotic predisposition have been comparatively less prolific than those without it, as shown by the subjoined table, with the children distributed according to the number by each of the parents.

Parents without inherited predisposition.			Parents with inherited predisposition.		
No. of Parents.	No. of Children.	Total.	No. of Parents.	No. of Children.	Total.
4	1	4	11	1	11
5	2	10	7	2	14
8	3	24	25	3	75
6	4	24	21	4	84
6	5	30	10	5	50
9	6	54	6	6	36
9	7	63	5	7	35
1	9	9	2	8	16
1	14	14
49	232	87	...	321

The aetiology of the 49 parents without inherited predisposition was:

	Males.	Females.	Total.
Intemperance,.....	7	4	11
Injury to the head,.....	3	1	4
Mental excitement,	2	3	5
Fright,.....	1	3	4
Dentition,	2	3	5
Insolation,	1	0	1
Fatigue and abuse of tobacco,.....	1	0	1
Malaria,	1	2	3
Establishment of menstruation,.....	0	4	4
Unknown,	4	7	11
Total,	22	27	49

Of these 49 patients, 38 had fits of *petit mal* and *grand mal*, 7 were subject to nocturnal epilepsy, and in 32, the disease was attended with obvious mental manifestations of an insane nature.

For the sake of comparison and as a complement to these inquiries, we shall briefly refer to parallel results we have collected, in respect to insanity.

A series of 122 married persons—57 males and 65 females—who have been insane, have generated 448 descendants—202 males and 246 females. As in five instances, insanity had existed in both parents. The total families represented by said persons, only amounts to 117.

Looking into the history of the 122 parents, we find: 38—13 males and 25 females—in whom insanity had been already developed prior to their marriage; 84—44 males and 40 females—in whom the invasion of insanity occurred after their marriage, and before the birth of the descendants here considered.

Hereditary predisposition to insanity was manifest in 68 cases—28 males and 40 females.

Insanity acknowledged no constitutional origin in 54 cases—25 males and 29 females.

Among the 38 who had been insane before their marriage, there were: 26—9 males and 17 females—tainted with hereditary predisposition.

Among the 54 whose insanity was accidental, there were: 21—8 males and 13 females—who had been insane before marrying; and 33—17 males and 16 females—who had become insane after.

The ætiological causes of the above 54 cases of accidental origin were:

	Males.	Females.	Total.
Mental excitement,	5	7	12
Excessive mental work,	3	0	3
Grief,	1	6	7
Intemperance,	5	3	8
Injury to the head,	1	0	1
Rheumatism,	1	3	4
Fever (malarial),	1	1	2
Yellow fever,	1	0	1
Pubescent insanity,	1	7	8
Protracted lactation,	0	1	1
Unknown,	6	1	7
Total,	25	29	54

The aggregate number of descendants from the 117 families has been, as already stated, 448, thus proceeding:

From the stock of 54 parents without constitutional taint—229 children—102 males and 127 females.

From the 68 parents with hereditary taint—219 children—93 males and 126 females.

The families springing out of each of these two groups, were respectively composed of the following number of children, distributed according to the number procreated by each of the parents:

From 54 parents without hereditary predisposition.			From 68 parents with hereditary predisposition.		
No. of Parents.	No. of Children.	Total.	No. of Parents.	No. of Children.	Total.
3	1	3	8	1	8
9	2	18	10	2	20
12	3	36	14	3	42
7	4	28	12	4	48
9	5	45	8	5	40
5	6	30	3	6	18
7	7	49	5	7	35
2	10	20	1	8	8
<hr/> 54	<hr/>	<hr/> 229	<hr/> 68	<hr/>	<hr/> 219

In the epileptic and insane families the fathers have been less frequently affected than the mothers, who also have had a much larger number—no fewer than 60.26 per cent—of unsound daughters than of sons. Deducting the five families in which both father and mother have been insane, there remain 52 males and 60 females, of whom the former begot 210 children—102 males and 108 females; and the latter, 229—91 males and 138 females. In addition, there have been 27 males and 14 females, or 41 sound descendants issued from insane fathers, while the proportion among the progeny of 229 children of insane mothers is much lower, amounting only to 31—21 males and 10 females. Parents with a hereditary predisposition, as set forth in the above table, have not procreated as much as those who accidentally became insane, the fact appearing more strikingly with the insane than with the epileptic families.

We shall also incidentally remark, that six epileptics—four males and two females—besides three males and six females, among the insane, have been sterile. Having in view to ascertain to what degree epilepsy and insanity propagate their kind from parent to offspring, we have excluded these cases from our table.

The condition of the 448 descendants from insane parents has been as follows:

	From 54 parents without hereditary predisposition.			From 68 parents with hereditary predisposition.		
	Males.	Females.	Total.	Males.	Females.	Total.
Died in infancy of convulsions,	38	42	80	25	40	65
Died from other diseases,	6	8	14	7	6	13
Still-born,	3	5	8	7	4	11
Insane,	9	15	24	4	6	10
Idiotic,	2	7	9	3	4	7
Epileptic,	7	13	20	10	15	25
Paralytic,	6	4	10	6	5	11
Hysterical,	0	7	7	0	9	9
With neuralgia,	5	3	8	4	6	10
Ataxic,	2	0	2	0	0	0
Choreic,	1	3	4	2	4	6
Strabismus,	2	4	6	3	2	5
Deaf and dumb,	1	0	1	0	0	0
Somnambules,	0	2	2	0	0	0
Healthy,	22	12	34	28	19	47
Total,	104	125	229	98	121	219

The hereditary relationship of the 68 parents with a predisposition to insanity, existed in the following manner:

	Males.	Females.	Total.
Had insane father,	3	5	8
“ “ mother,	6	8	14
“ “ grandparents,	5	4	9
“ “ brothers,	0	2	2
“ “ sisters,	1	4	5
“ “ uncles,	0	3	3
Had epileptic father,	2	1	3
“ “ mother,	4	5	9
“ “ grandparents,	3	4	7
“ “ brothers,	1	2	3
“ “ sisters,	2	1	3
“ “ uncles,	1	1	2
Total,	28	40	68

In ten cases, four males and six females, insanity has existed for three consecutive generations, directly transmitted from parent to offspring, and in seven of these cases the transmission has been from the mothers to the daughters. Insanity has been exclusively exhibited by the female members of the family, for more than four successive generations, in the case of one of the females; several males in the family are, however, subject to neuralgias, or are tuberculous, and one of her brothers, aged thirty-seven, has unmistakable symptoms of locomotor ataxy.

In nine cases, six males and three females, epilepsy in the grandparents has been transformed into insanity in the second generation, to return again in the descendants of the third. In two males and three females, the spasmodic neurosis has descended from their respective grandmothers; and in the four remaining males, from the paternal grandfathers.

In one male, suicidal insanity has run through his maternal ancestors, equally affecting males and females. The patient's mother, after several unsuccessful attempts to kill herself, finally accomplished it by drowning. Two of her brothers, and her father, had also committed suicide. The patient is an only son, and was at the age of twenty-eight, in 1872, suddenly seized with violent mania and obstinate suicidal proclivities, which repeat at every attack of recurrent mania, that has ever since come on every year.

One of the females, who had been insane before her marriage, at the establishment of menstruation, has had ten children—three males and seven females. Two of the former and five of the latter are idiotic, with very asymmetric heads, and one of the remaining daughters is weak-minded. She has been married, but has been barren. Her sister, a strong-looking, intelligent woman,

is also married, and mother of four children, one of whom, a boy six years old, is epileptic and has congenital strabismus, with an obvious cranial asymmetry. This lady denies any hereditary predisposition to insanity in her family, although the highly neurotic temperament and eccentricities observed in several of her maternal uncles, with the degenerate condition of her brothers and sisters, as well as her son's affection, strongly betray it.

The foregoing analysis evinces again that the rate of mortality of the offspring of insane parents, is not much under that to which the progeny of epileptics are doomed. With these latter the death rate from convulsions in infancy has been 35.26 per cent (195 out of 553 descendants), whereas it amounts, according to our records, to 30.28 per cent among the insane. In this group, all the children of 3 males and 5 females died in early infancy of cerebral disease and convulsions. The same occurred in 7 male and 4 female epileptics. In each case, intemperance had either been the original, or the aggravating cause of the affection, except in one male epileptic, and in three insane females.

Eleven parents, seven males and four females, had an aggregate number of forty-one children, who have, all but two, passed the age of puberty, without signs of mental or nervous derangement. Two among the males spring from a stock tainted with insanity, and one has a sister epileptic; what fate is reserved to them remains yet very uncertain, as both are respectively thirty-six and thirty-one years old. In every one of these eleven cases, except with one single female, insanity had already existed prior to, but without recurrence after, marriage. In this female, violent mania exploded upon protracted lactation, about ten years ago, as she was aged twenty-two, and nursing her first child. She com-

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pletely recovered, and has continued without relapse, but the youngest of her two other children died of hydrocephalus and convulsions, when scarcely three months old. Her two surviving children, respectively ten and seven years old, appear thus far healthy. The attack of insanity, in this instance, lasted over a year; and, we may remark, that one of this lady's sisters is subject to violent periodical neuralgia of the head, and her mother, who had been epileptic since the age of puberty, died quite demented in one of her attacks.

Before noticing the hereditary predisposition occurring in the ancestors of the 448 descendants here analyzed, we may state that they can be divided, in regard to their ages, into two distinct groups, viz:

1st.—337 individuals from the age of five to twenty-two years; and, 2d, 112 from twenty-two to forty-three years.

Bearing in mind that inherited insanity rarely develops itself before puberty, we may exclude from our calculation the first group, to confine our reckoning to the second of 112 individuals, among whom, 34—13 males and 21 females—have already exhibited the insane malady entailed on them by their parents. This proportion amounts to 30.33 per cent of the adult descendants. Assuming, as it is legitimate to suppose, that others of the remaining 337 younger descendants may at their puberty become insane, and raise the proportion, we may regard this as below its real figure, though nevertheless not widely differing from that previously alluded to, of 34.9 per cent, lately obtained by Dr. Savage at Bethlem, on studying the hereditary transmission of insanity, as traceable by the patient's family history.

A little over three-fourths (26) of the 34 insane descendants issued from parents who had been insane

prior to their marriage, and 24, or 70.58 per cent of the entire number of insane descendants, have been procreated by parents themselves hereditarily insane.

Insanity has re-appeared after marriage in 27—10 males and 17 females—of the 38 parents who had been insane before. They begat: 11 children—3 males and 8 females—insane; 5 children—2 males and 3 females—idiotic; 17 children—5 males and 12 females—epileptic; 3 children hysterical; 2 children—1 male and 1 female—choreic; 4 children—3 males and 1 female—paralytic; 4 children—1 male and 3 females—with neuralgia; 2 children (females) somnambule; 34 children—11 males and 23 females—died in infancy of convulsions; 2 were still-born; and, only 19 adults—12 males and 7 females—have been sound out of 103 descendants from these 37 parents, who, providentially, seem to have been the less prolific of the whole series. The same remark applies to the five families in which both father and mother were insane, for in the aggregate they only begat 9 children, of whom 2 are lunatics, 1 paraplegic, 1 choreic, 1 deaf and dumb, 2 died in infancy of convulsions, and the remaining two are sound. All the surviving offspring, except one lunatic and the deaf and dumb, are females.

Finally, the same comparative study extended to the progeny of parents affected with other constitutional nervous diseases, shows a great number of their children dying of convulsions in early infancy. In cases of chronic alcoholism, as we have already noticed it in our *Clinical Researches on Epilepsy*, the congenital nervous affections—chiefly epilepsy, or paralysis—of the surviving offspring, and its considerable extinction by convulsions in infancy, pointed out by Lamereaux, are no less striking facts, all of much weight, though hitherto overlooked, in the study of the

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direct hereditary transmission of the neuroses and insanity.

Returning to the 136 married epileptics here considered, and to recapitulate, we have found :

1st.—68 whose descendants have been epileptic, and either idiotic, insane, paralytic, hysterical, or healthy.

2d.—61 whose descendants have been either insane, idiotic, paralytic, hysterical, choreic, or healthy: In addition, several other children in these first and second groups have died during infancy of convulsions.

3d.—Finally, as just noted, 7 parents have engendered children who have all arrived at the age of adolescence or puberty, without displaying any nervous or mental disorder. No infantile mortality has existed in these families forming an aggregate of 18 descendants—6 males and 12 females—two of the former issued from the only epileptic mother who belongs to this series, in which every descendant appears to be sound.

If we estimate the whole of those affected with the convulsive neurosis, out of the 553 children, we find 195 who died of convulsions in infancy, and 78 epileptics, amounting to 273, or 49.72 per cent of the cases in which an epileptic parent seems to have obviously entailed his disease without any change of type on the offspring.

Doutrebente,* in his prize essay, "Genealogical Study of Hereditary Insanity," says "The reproduction of similar types in the descendants is a fact only observable with suicidal insanity, but not with *epilepsy*, or any other kind of malady of the nervous centres. The hereditary morbid germ undergoing transformations, or progressive changes through each successive generation, does not remain stationary." This analysis clearly proves, however, that epilepsy is actually transmitted from parent to offspring without

* "Annales Médico-Psychologiques," Tome ii., 4 s., 1869, p. 394.

change of type, and, as it results, even in a larger proportion than insanity, which, according to recent estimates,* does not exceed, reckoning direct and collateral relations, 34.9 per cent (Bethlem). To the considerable number of those who die, during infancy, of convulsions is due, that we do not find, among adult epileptics, the evidences of the remarkable hereditary transmission of their disease. The proportion of those with it, who have survived, amounts in our estimate to 14.10 per cent, which is not far removed from the proportion (12 to 13 per cent) ordinarily admitted by French and English authors.

We have already stated that these results agree with those obtained by some French alienists. In a series of 32 epileptics collected by Jules Tardieu,† from observations reported by Foville, Voisin, Bourneville, and others, the direct transmission of epilepsy occurred in 23 cases—8 males and 15 females—begetting 72 children who were thus affected; 33 with convulsions, of whom 21 died in infancy; 1 insane, 1 imbecile, 1 eccentric, 1 very nervous, 1 with strabismus (who herself had 3 children, of whom 2 died in infancy of convulsions, and the third, very nervous, is subject to sudden fits of anger); 10 died in early infancy, 2 were still-born, and 11 are apparently healthy. In the remaining nine cases the parents had no children; but their ancestors and brothers, or collaterals, were saturated with a predisposition to epilepsy, or insanity. The epileptic father of one female observed by Bourneville, committed suicide; the mother also epileptic, died at the Salpêtrière; her brother is eccentric, and her sister epileptic. This patient had seven children: the first was still-born; three other sons and one daughter

* Bucknill and D. Hack Tuke, "Psychological Medicine," 1879, p. 57.

† "De la Transmission Héritaire de l'Epilepsie," Thèse. Paris, 1868.

died of convulsions in early infancy. Lastly, the father of another female married twice; by the first wife he had eight children, and all but the patient died of convulsions. By the second wife he has had nine children, eight have already died of convulsions, and the last, eighteen months old, has thus far shown nothing particular.

The father or mother had epilepsy in 18 cases, and in one of them both parents were affected. Epileptic collaterals were noticed in six cases; insanity, or other nervous disease, in seven; unknown, one. Epilepsy was twelve times oftener transmitted from the father to the son, or from the mother to the daughter, than from the parent of one sex to offspring of the other; and in no instance did the transmission appear from the mother to the son, which Tardieu regards as a curious coincidence.

Martin, from statistics that had been collected at the Salpêtrière, in 1874, and from those published by the French alienists we have mentioned, found that 19 epileptics begot 78 children, of whom 55 died in infancy, the majority of convulsions. Of the 23 surviving, 15 only were healthy at the time of the inquiry, and they were all very young.*

We may briefly add that, 83 families, observed by Lanceraux, in which one or more members suffered from diseases of alcoholic origin, had 410 children; of this number 108 (more than one-fourth) have had convulsions, and, in 1874, 169 were dead and 241 living, but 83 (more than a third of the survivors) were epileptic.†

* "*Annales Médico-Psychologiques*," 1878, and "*Journ. of Mental Science*," July, 1880, p. 313.

† "*Gazette des Hôpitaux*," April, 1879, p. 377.

Two of the cases here considered call for special notice, which we will give in conclusion, leaving the reader to draw his own inference from them.

The first is that of a young male epileptic whose family was tainted with a neurotic predisposition. I attended him in 1866, and treatment with the bromide of potassium rapidly arrested his attacks. He then decided to marry a first cousin to whom he was much attached. The father strongly opposed the marriage on account of the epilepsy and the consanguineous relation. We were consulted on the subject, and condemned the intentions of the young man, who, however, carried them out, leaving the paternal house. He has not only kept free from attacks, but is also the father of four healthy children. Another singular incident in this case is, that, prior to the marriage, and during one of the intermissions of the bromide treatment, the oxide of silver was prescribed for some neuralgic symptoms, and, without our knowing it, or suspending the bromide, continued uninterruptedly, for nearly two years after he left New York, his whole body undergoing thereby a dark bluish discoloration.

The other case is that of one of the females, seized with nocturnal spasms at the age of puberty, who continued to have them until she married, when they ceased and never recurred. This woman, however, has had four children, of whom the first died of meningitis and convulsions; the third is paraplegic, and, of the two remaining daughters, one became epileptic at the age of thirteen, on the establishment of menstruation three years ago. When we cited this example, ten years ago, in our *Clinical Researches on Epilepsy*, two of the offspring had only given evidence of the inheritance of a disease which seemed in abeyance in the mother. Let us also remark that no hereditary

taint of any kind is known to exist on the father's side.

Finally, we may legitimately conclude, from the facts recorded in this paper, that the direct hereditary transmission of epilepsy is a positive fact; and, that a serious responsibility rests upon any physician who counsels the marriage of epileptics, both as regards the parties themselves and the future of the offspring.

ERRATA.

The following Errata should be inserted in the number for October, 1880, with Dr. Echeverria's article on Marriage of Epileptics.

Page 206.

From 68 patients with hereditary predisposition.

No. of patients.	No. of children.	Total.
14 (12 families)	1	12
10 (8 families)	2	16
15 (14 families)	3	42

The third line of the paragraph following the table should read
 who, in the latter case, also have had.

Page 184.

In second paragraph eighth line should be—*but could be dissolved.*

BIBLIOGRAPHICAL.

REVIEW OF AMERICAN ASYLUM REPORTS, 1879-80.

NEW HAMPSHIRE:

Report of the New Hampshire Asylum for the Insane: 1880. Dr. J. P. BANCROFT.

There were in the Asylum, at date of last report, 268 patients. Admitted since, 111. Total, 379. Discharged recovered, 128. Improved, 27. Unimproved, 22. Died, 17. Total, 94. Remaining under treatment, 285.

Dr. Bancroft notices the much greater ratio of women to men patients, in his institution, for a series of years. This gives rise to the inquiry whether there is a greater liability to insanity in the one than in the other sex. This question he answers by a comparison of the admissions for a series of years, and concludes that very little significance can be given to the fact. Owing to the policy adopted by the State of allowing the counties to take care of their pauper insane, the call for accommodations for this class has gradually decreased, until at the present time seventy-one per cent are "self-supporting, or dependent on friends and are private patients." It is true, however, that "among these a large proportion are people of slender means who would inevitably fall into the other class, and hence into the County Asylums, were it not for aid from the State appropriation for the indigent insane, and still greater aid from the income of the funds left for this purpose by noble men and women." This would show that in New Hampshire the tendency was to go backwards to the old system of taking care of the insane

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Report of the New Hampshire Asylum for the Insane: 1880. Dr. J. P. BANCROFT.

There were in the Asylum, at date of last report, 268 patients. Admitted since, 111. Total, 379. Discharged recovered, 128. Improved, 27. Unimproved, 22. Died, 17. Total, 94. Remaining under treatment, 285.

Dr. Bancroft notices the much greater ratio of women to men patients, in his institution, for a series of years. This gives rise to the inquiry whether there is a greater liability to insanity in the one than in the other sex. This question he answers by a comparison of the admissions for a series of years, and concludes that very little significance can be given to the fact. Owing to the policy adopted by the State of allowing the counties to take care of their pauper insane, the call for accommodations for this class has gradually decreased, until at the present time seventy-one per cent are "self-supporting, or dependent on friends and are private patients." It is true, however, that "among these a large proportion are people of slender means who would inevitably fall into the other class, and hence into the County Asylums, were it not for aid from the State appropriation for the indigent insane, and still greater aid from the income of the funds left for this purpose by noble men and women." This would show that in New Hampshire the tendency was to go backwards to the old system of taking care of the insane

poor in county houses, and providing only for the well-to-do in State institutions.

As regards the prospect of recovery of those under treatment during the year, 251 of the number were apparently "hopeless" cases. Although the number of favorable cases is apparently so small, this can not, as the Doctor says, be made the only test of the usefulness of treatment in an asylum. The standard of curability "makes an unjust distinction between insanity and other diseases having, at best, no higher claim to sympathy and material aid."

As to the treatment, the point to be emphasized is this—that practice with the insane should start from the same standpoint with all other practice, and that each case is an individual study. The fact that the patient has been judged insane, has settled nothing further than the *place* of treatment. The Doctor's remarks upon this subject, in the statement of general principles, are judicious and correct. The financial condition of the institution is eminently satisfactory.

MASSACHUSETTS:

Sixty-Second Annual Report of the McLean Asylum for the Insane: 1879. Dr. EDWARD COWLES.

There were in the Asylum, at the date of last report, 154 patients. Admitted since, 76. Total, 230. Discharged recovered, 19. Improved, 27. Unimproved, 20. Died, 12. Insufficient trial, 1. Total, 79. Remaining under treatment, 151.

CONNECTICUT:

Fifty-Sixth Report of the Retreat for the Insane: 1880. Dr. HENRY P. STEARNS.

There were in the Asylum, at date of last report, 134 patients. Admitted since, 100. Total, 234. Dis-

charged recovered, 33. Improved, 16. Unimproved, 25. Died, 17. Total, 91. Remaining under treatment, 143.

The number of admissions has been unusually large, owing to the increased accommodations of the Asylum. The Doctor comments upon certain phases of insanity, dwelling particularly upon certain cases which seem to be upon the border-land between sanity and insanity. He gives, in some detail, the peculiarities of such cases and the difficulties encountered in their care. He advocates, in treatment, as much personal freedom as may be compatible with the safety and well-being of patients. As a means of amusement he has employed calisthenics which have been so long used by Dr. Kirkbride with success. In institutions where the great majority of the patients have not been accustomed to manual labor, and where the amount of land is so limited, that outdoor occupation can not be supplied, this kind of exercise must be valuable.

The restlessness and complaining of patients in the Asylum, is very properly referred to the character of the disease. "It does not come from asylum life or asylum care, or lack of care; it would be the same if they were in their own homes, and daily and hourly surrounded by their dearest friends and relatives."

NEW YORK:

Report of the Bloomingdale Asylum: 1879. Dr. C. H. NICHOLS.

There were in the Asylum, at date of last report, 188 patients. Admitted since, 77. Total, 265. Discharged recovered, 29. Improved, 34. Unimproved, 11. Died, 7. Total, 81. Remaining under treatment, 184.

Dr. Nichols treats briefly of the admissions, discharges and deaths. Among the important improvements made

during the year, is the completion of the "John C. Green Memorial Building," which has been also furnished for the reception of patients.

Thirteenth Report of the Hudson River State Hospital: 1879.
Dr. J. M. CLEVELAND.

There were in the Hospital, at date of last report, 232 patients. Admitted since, 128. Total, 360. Discharged recovered, 22. Improved, 18. Unimproved, 42. Died, 24. Total, 106. Remaining under treatment, 254.

Owing to a change in the law, making the fiscal year of the charitable institutions of the State terminate with September instead of November, the report covers a period of only ten months.

First Report of the Binghamton Asylum for the Insane: 1879.

This comprises the report of the Trustees, of the Medical Superintendent, and of the architect and building-superintendent. It consists of a record of the alterations and additions proposed and in progress, for adapting the building (formerly the State Inebriate Asylum) for the uses of the chronic insane.

PENNSYLVANIA:

Sixty-Third Report of the Asylum for the Relief of Persons Deprived of the Use of their Reason: 1879. Dr. JOHN C. HALL.

There were in the Asylum, at date of last report, 82 patients. Admitted since, 45. Total, 127. Discharged recovered, 13. Improved, 13. Unimproved, 5. Died, 6. Total, 37. Remaining under treatment, 90.

INDIANA:

Thirty-First Report of the Indiana Hospital for the Insane: Dr.
JOSEPH G. ROGERS.

There were in the Hospital, at date of last report, 614 patients. Admitted since, 615. Total, 1,229. Discharged recovered, 291. Improved, 125. Unimproved, 111. Not insane, 5. Died, 69. Total, 601. Remaining under treatment, 629.

This report forms a volume of 590 pages; 38 of which are occupied by the report of the Superintendent and Trustees; the remaining 552 pages, forms a statistical appendix, which seems to be a copy of the whole of the books of the Asylum in detail. After a long inventory of the property, an account is given of the articles of clothing owned by each patient in the house. Following the name of the patient is the date of admission, then a list of every article brought to the Hospital, and another list of the articles furnished during residence in the institution, thus: "James T. Knight, admitted March 13, 1879, 1 coat, 1 vest, 1 pair pants, 2 white shirts, 2 under-shirts, 2 pairs drawers, 2 collars, 2 pairs wool socks, 1 pair suspenders, 1 pair boots; furnished by Hospital, April, 1879, 1 pair slippers, \$1.50. Discharged, April 25, 1879. Clothing sent with patient." Patients are all classified by counties, (92). Two hundred and sixty-eight pages are filled with this "exhibit." Following this are two hundred and eighteen pages of itemized accounts, in which every individual voucher is reproduced. Among the sources of revenue would seem to be the sale of flowers and plants from the garden and greenhouse. These individual sales, numbering 263, are all tabulated, thus: "April 1, To A. Triesback, Flowers, by W. J. Elstrun; 5 cents." The detail of every sale is thus given, occupying several pages, with a total

amount during the year of \$234.55. These are samples of the whole report.

The first suggestion which occurs to one, on looking over this cumbrous document, is whether the information is worth the expense of printing, to say nothing of the labor of making it up. The only conceivable *profit* of such a useless document must accrue to the printer and paper dealers. Curiously enough, we are not informed of the cost in this direction. To a certain class of statisticians this may be a god-send. They can find the number of counties in the State, the actual names of each lunatic from the same, what clothes he had when he became insane, and what he received in his lunacy, and by summing up the whole can find the average of neck-ties, hats, paper collars, shawls, dresses, bonnets, stockings, &c., of Indiana lunatics.

This style of report is not actually new. Dickens, in his *Mudfog* papers, in the report of the proceedings of the Statistical Section of the "*Mudfog* association for the advancement of everything," gives a public document of similar value:

"Mr. Slug then stated some curious calculations respecting the dogs'-meat barrows of London. He found that the total number of small carts and barrows engaged in dispensing provision to the cats and dogs of the metropolis, was one thousand seven hundred and forty-three. The average number of skewers delivered daily with the provender, by each dogs'-meat cart or barrow, was thirty-six. Now, multiplying the number of skewers so delivered by the number of barrows, a total of sixty-two thousand seven hundred and forty-eight skewers daily would be obtained. Allowing that, of these sixty-two thousand seven hundred and forty-eight skewers, the odd two thousand seven hundred and forty-eight were accidentally devoured with the meat by the most voracious of the animals supplied, it followed that sixty thousand skewers per day, or the enormous number of twenty-one million nine hundred thousand skewers annually, were wasted in the kennels and dust-holes of London; which, if collected and warehoused, would, in

ten years' time, afford a mass of timber more than sufficient for the construction of a first-rate vessel of war, for the use of Her Majesty's navy, to be called 'The Royal Skewer,' and to become under that name the terror of all enemies of this island."

As we have said before, the report is but the reproduction in proof of the ordinary books and vouchers which are kept as the proper detail of business in every well-organized institution, and which are open at all times to the inspection and examination of the properly constituted State authorities.

NOVA SCOTIA:

Twenty-Second Report of the Nova Scotia Hospital for the Insane: 1879. Dr. A. P. REID.

There were in the Hospital, at date of last report, 362 patients. Admitted since, 74. Total, 436. Discharged recovered, 40. Improved, 13. Unimproved, 6. Died, 13. Total, 72. Remaining under treatment, 364.

NEW BRUNSWICK:

Report of the Provincial Lunatic Asylum: 1879. Dr. JAMES T. STEEVES.

There were in the Asylum, at date of last report, 297 patients. Admitted since, 95. Total, 392. Discharged recovered, 42. Improved, 12. Unimproved, 1. Died, 30. Total, 85. Remaining under treatment, 307.

BOOK REVIEWS AND NOTICES.

The Venereal Diseases ; Including Stricture of the Male Urethra.
By E. L. KEYES, A. M., M. D. New York: Wm. Wood & Co.,
1880.

In the collection of volumes which Messrs. Wood & Co. have selected to comprise their "Medical Library," for 1880, the work by Dr. Keyes will take a prominent position. Already well known as the author, in connection with Dr. Van Buren, of an excellent work upon genito-urinary diseases, and as an experienced and practical syphilologist and dermatologist, a work from his pen will be received as in a large measure authoritative.

The work is divided into three parts—I, Chancre; II, Syphilis; III, Gonorrhoea and its complications. About fifty pages are taken up by the first portion of the work, Chancre he believes is as much a specific disease as vaccinia or syphilis. The ulcers produced by inoculation from a chancre are distinct, and have well marked characteristics. They can not, he says, be produced by ordinary pus. In regard to the question of general specific infection following the inoculation of chancreoid virus his views are well pronounced. He says: "Chancre upon a non-syphilitic patient is easy to communicate to any one, but in no such case, among millions observed, has the inoculation been followed by syphilis." He does not believe that true chancre is the starting-point of the general infection of syphilis, but that, on the contrary, it is the first manifest symptom of the disease, after a certain period of incubation. After making this statement it is natural that he should evince no faith in the excision of the chancre, and should warmly dispute the correctness of

Auspitz's cases. Concerning transmission, Dr. Keyes inclines to the opinion that a healthy mother will not bear a syphilitic child, in other words, that the father can not transmit syphilis to his offspring, except by first inoculating his wife.

The remarks on treatment are excellent, and a revision, largely, of what the author has said in his monograph on the treatment of syphilis, (New York, 1877). He advocates the use of mercury in "tonic doses." He commences with what he terms the standard dose, one-sixth of a grain of proto-iodide of mercury, in granules. The patient is directed to take one granule at each meal, on the fourth day adding one granule at the mid-day meal. On the succeeding fourth day another granule is added, the patient now taking two granules in the morning, one at noon and two at night. In this way the amount is gradually and regularly increased until the patient has come markedly under the influence of the drug, as evinced by mercurial fetor, slight tenderness of the teeth, pain in the bowels and diarrhœa. When this condition is reached, the patient is said to be taking his full dose. With proper precaution this full dose is continued until the activity of the symptoms decline, when the "tonic dose" is substituted. The "tonic dose" consists of one-half the full dose, this dose, or a slightly diminished amount, is kept up, with strict attention to food and general bodily hygiene, for from two to three years. When a return of active symptoms occurs, the full dose is again resorted to.

For the treatment of gonorrhœa, the directions laid down are explicit and well digested. Among the balsams Dr. Keyes prefers the oil of sandal wood. He dissents from the opinions of Otis, regarding the treatment of stricture, and says: "I have tested the new method quite extensively, and find myself inclined, by

experience, to be more and more conservative, and to cut less and less within the urethra any where beyond the first three-quarters of an inch from the meatus, except in desperate cases, believing that such cutting, on the whole, does more harm than good in a majority of instances." (Page 295). The wood cuts which are intended to illustrate the works, would, we think, have been better left out.

Surgery in the Pennsylvania Hospital. By Drs. THOMAS G. MORTON and WILLIAM HUNT, Surgeons to the Hospital. Philadelphia: J. B. Lippincott & Co. London: 16 Southampton St., Covent Garden, 1880.

We have in this volume an epitome of the practice of the Pennsylvania Hospital since its opening in 1756, together with a more detailed account of surgical injuries and diseases, which have been treated from 1873, the year in which a more systematic method of note-taking was inaugurated, to 1878, inclusive. As surgeons to the oldest and most widely-known hospital in America, it was but fitting that the editors should take the initiative in our country, and, following the example of still older institutions abroad, thus utilize the endless store of clinical material which the wards of their hospital supply. And they have done their work so well that we hope to see their labor bring forth fruit in due season, in the shape of similar reports from other large hospitals throughout the country. Some of the articles have almost the completeness of monographs, and all of them contain information of interest and value to the practical surgeon. An idea of the rare opportunities for observation which the old hospital affords, may be had when we reflect that from 1842 to 1876, 37,272 surgical cases were admitted for treatment, and the fact that of this number but little over six and

a half per cent died, speaks volumes for the skill of the surgical staff, and the hygiene of the institution. A perfect immunity from pyæmia has been enjoyed during the past five years. Not the least interesting feature of the book, is a chronological list, prepared by Dr. M. Longstreth, of the medical officers of the hospital, since 1751, a table bristling with the names of distinguished men. The corner-stone of the present building, laid in 1755, bears the following quaint inscription by Benjamin Franklin:

“ In the year of CHRIST
MDCCLV.,
GEORGE the Second happily Reigning
(for he sought the happiness of his people),
Philadelphia Flourishing
(for its inhabitants were public spirited),
This Building,
By the Bounty of the Government,
And of many private persons,
Was piously founded
For the Relief of the Sick and Miserable,
May the God of Mercies
Bless the undertaking.”

A Practical Treatise on Sea-Sickness: Its Symptoms, Nature and Treatment. By GEORGE M. BEARD, A. M., M. D., etc. New York: E. B. Treat, 1880.

Dr. Beard tells us that “the philosophy advocated in this work is that sea-sickness is a functional disease of the central nervous system.” Commencing with this statement he launches out into a roseate description of what will result in increasing international travel, when sea-sickness is abolished, producing, he says, “incalculable service to humanity, in ways innumerable, physiologically and therapeutically, as well as financially.”

The author seems to be on remarkably friendly terms with the world in general, and the medical and scientific portions of it in particular. All through his writings are scattered such terms as "my friend" Dr. Smith, Jones or Brown, as the case may be. In one portion of the book he speaks of his "scientific friends in Europe—in England, Germany and France," who are only deterred from visiting this country, by fear of sea-sickness. We think the publication of his book will not hasten their visit, nor add to their comfort should they attempt the voyage.

The work contains evidences of hasty writing, and several rather remarkable and inexplicable statements. For example, on page thirty-five, a case is cited in the treatment of which, for sea-sickness, in crossing the Channel, thirty grains of bromide of potassium was prescribed three times daily, for two days, before starting, to be continued "for two days (*sic*) after she got on board." The reader is relieved on learning that during this remarkably long voyage, (Capt. Webb swam across the Channel in twenty-three hours), the lady was, for the first time in her life, free from sea-sickness in crossing the Channel.

In regard to treatment he presents nothing new. His panacea seems to be the bromides. The assertion on page fifty-three that "hydrate of chloral is really a stronger bromide, being more of a narcotic, while the bromides are sedatives," will strike readers of the work as somewhat remarkable. Dr. Beard seems to have recently put his ideas into practice on board the *Germanic* in such a manner as to have called forth a sharp rebuke in the *British Medical Journal* for August 7th and September 18th, from the surgeon of the ship Dr. Fourness-Brice and two other physicians.

CORRESPONDENCE.

*Dr. G. M. Beard on Insanity.** [From our London Correspondent.]

This communication, from one of the most prolific American writers of the neurological class, would be expected to present arguments not destitute of force and practical knowledge. Contrary to such natural anticipation, the self-praise with which its author asserts the superiority of his own singular reasonings and inferences, in opposition to acknowledged principles of mental science, evinces anything but familiarity with the subject he assumes to elucidate, and not the least deference to our recognized authorities on psychological medicine. No exception is even made of his "personal friend" Dr. Maudsley, whose definition of insanity is pronounced "worthless." And, having said this, what is left to be said of the definitions of Tuke, Bucknill, and other writers? Yet, the necessity for a definition of insanity is so imperative, that, as declared by the London *Lancet*, and echoed by Dr. Beard, "it will be a red-letter day in the history of this subject, and inaugurate a new era in the study of lunacy, when we shall have a satisfactory definition of what insanity is." Happily, we have not to wait any longer for such an eventful day, or to deplore the shortcomings of our standard authors. The vexatious deficiency of science has been at last filled up by Dr. Beard, who proclaims to have conceived "the best definition of insanity that has ever been presented," and which he claims has the merit of going "into the brain by a single shot." Dr. Beard's definition is as follows: "*In-*

* A Reply to Criticisms on the Problems of Insanity, with Remarks on the Gosling Case. By George M. Beard, A. M., M. D.

sanity is a disease of the brain in which mental co-ordination is seriously impaired." This laconic description—and no more—is what Maudsley, Tuke, Bucknill, and their associates, as well as our judiciary, should in future bear in mind. Dr. Beard tells us that, at first, "he used the word responsibility instead of co-ordination. As responsibility is the result of co-ordination, and is really a legal rather than a medical word, it was, after more study rejected. . Before a court the word *responsibility*, might very properly be substituted for the phrase mental co-ordination, inasmuch as responsibility is practically the only question which it is the offer of the court to decide." After all does not Dr. Beard completely overthrow himself when he says:

"If it be objected to this definition that it does not state precisely what insanity is, that it is somewhat vague and elastic, and that the words are ill-defined, and hard to be defined, the reply is obvious; that if this definition were an accurate statement of the real nature of insanity, if it were accurate as you profess you would like to have it, it would be of no use to us, and would therefore be the worst possible definition."

One of Dr. Beard's aims is to prevent, in insanity cases, the admission of expert evidence from physicians utterly ignorant on the subject of insanity. But, what would our legists and psychologists think of an expert who pretended to establish "serious impairment of mental co-ordination" as the best and truest proof of madness? Has the Lord Chief Justice of England, deceived us recently, in saying that which we regard as the highest triumph of mental science? "I concur most cordially in the proposed alteration of the law, having been always strongly of opinion that, as the pathology of insanity abundantly establishes, there are forms of mental disease in which, though the patient is quite aware he is about to do wrong, the will becomes over-

powered by the force of irresistible impulse." Probably assuming that we are ripe for the revolution, of which he proclaims himself the standard bearer, Dr. Beard let pass the opportunity to teach us the relation between responsibility and mental co-ordination, and how these two words, (the second of which he can not define), could become legally synonymous, or equivalent terms, when the power to do right constitutes responsibility, which depends altogether on conditions essentially related to the state of our will? Furthermore, if mental soundness has to be gauged only by the criterion of mental co-ordination, a large number of lunatics would have to be added to those already overcrowding our asylums. Dr. Beard says: "Insanity is a vague condition, and it must have a vague definition; it is a disease of gradations, and must have a definition that covers these gradations." Leaving aside the inconsistency of calling a definition of insanity vague, pronounced a moment before, the best that has ever been presented "because it is short, it includes all real cases of insanity, and it excludes all cases that are not insane," we would merely ask, for what reason must such a definition then be vague? Could any morbid condition display itself in a more distinct and positive manner than mania, melancholia, general paralysis, puerperal insanity, &c.? Does the indefinite border-line between sanity and insanity, health and sickness, or any two other antithetic states, prove, as argued by Dr. Beard, that either of them is vague? By what co-ordinate link of facts does he arrive at this conclusion?

Dr. Beard presents us with the most novel, and as it were, kaleidoscopic views of insanity. "Is a person in a prolonged stupor, cerebral hemorrhage, or injury, or other cause, insane? I answer, he certainly is." But

he considers that in stupor and trance insanity is masked by the stupor and the trance; and when they pass away in part, the insanity comes to the front—Again: “the severe and prolonged delirium of fever is insanity.” “Fever, indeed, like trance, like stupor, masks the symptoms of insanity, or, more strictly speaking, overshadows them, so that they seem, for the moment, of slight practical importance.” We must candidly confess our inability to seize these distinctions, even in the light of Dr. Beard’s new definition of insanity. If trance and stupor are insanity in any given case, how can this latter persist when the two former have disappeared? Then again, how is insanity in severe prolonged delirium with fever, masked or overshadowed by the fever; and, above all, if the delirium, contrary to what one would have thought, does not then constitute the whole mental disorder, where shall we find the insanity in such an incongruous series of ideas?

Only a general reference is made by Dr. Beard to the Gosling case. We agree with him that the practice of bringing instruments to illustrate to the court, in a case of suspected insanity, calls for nothing but condemnation, “as an unscientific procedure that has been the source of gigantic confusion and false reasoning, and prolongation and unsatisfactoriness of trials of this kind, particularly in the United States.” One important fact must not be granted in this statement of Dr. Beard, viz.: that such “gigantic confusion and false reasoning,” to befog a jury, has ever been attempted by, or claimed to have been the invention of any alienist in Europe, as implied by Dr. Beard’s words, “particularly in the United States.” Let us briefly notice that, to the mischievous influence of the self-styled experts in mental science, is chiefly due this, and most of the abuses that still keep rampant in the states, in spite of the protest-

ation raised against them by the members of the Association of Superintendents of American Lunatic Asylums. And, while it is obvious that the diagnosis of insanity must be made by the mental manifestations alone, or else it can not be made out, as stated by Dr. Beard, we can not, however, go the full length of his arguments to disregard physical symptoms as valuable signs of insanity, in its threatening or incipient stages. Nor is it borne out by clinical experience, that insanity, "in its most furious form, may exist with almost absolute health." Nothing confirms the value of physical signs, as above stated, better than the very case of incipient general paresis, without delusion of grandeur, and no severe depression, cited by Dr. Beard.

One statement, more surprising than any of those already pointed out, is that "native-born Americans are the most temperate people on the globe." He adds: "but at the same time there is no country in the world where, in proportion to the population, there is so much of the nervous disease, inebriety, as in America; and it prevails among those classes where there is the least drinking." Dr. Beard, in his research after new diseases, allows himself to be carried too far, when he intends to present inebriety as one of them, now regarded all the world over as the intoxication by liquors, or vice of drunkenness. The subject does not admit of discussion. Drink-craving, or dipsomania, may be the effect of an inherited neurotic predisposition, almost always derived from intemperate parents; the intemperate habit may, like every other, be transmitted from parent to offspring, but such hereditary law presents nothing peculiar to the American race. It is scarcely necessary to observe further that, thanks to the researches of Morel, Hutcheson, Skae, Mitchell, Anstie and others, these cases have been properly

understood and classified, without need of now imagining—unless it be to exculpate the American drunkard belonging “to those classes where there is the least drinking”—the new nervous disease, *inebriety*, kindred to *neurasthenia*, and rendered no less fashionable by Dr. Beard's writing.

Dr. Beard says, “the insane may be wholly irresponsible, partially irresponsible, be slightly irresponsible, or quite responsible for their acts.” He forgets, however, to give us, with this aphorism, the key for the distinction between the wholly, partially, and slightly irresponsible cases, and the responsible, which involves a corresponding degree of punishment.

“A purely intellectual life is one of the best antidotes to insanity,” in the opinion of Dr. Beard, who does not explain why then—as he subsequently asserts—insanity and nervous diseases should be “very rare, indeed, among savages and barbarians.” To this conclusion Dr. Beard claims to have arrived, upon thorough and long study of the customs of savages, and the diseases among them,” and adds: “It is proper that I should say that I have read hundreds of works of travelers among them, and have almost, if not quite, exhaustively canvassed all those facts in relation to all the nations of the earth, that shed light on the nervous system.” In proof of this exhaustiveness he says: “I did what I never did before, and would never do again; that is, gave a whole summer to the inquiry.” Why this so much searched for light should be more brilliant than that shed (we suppose, on the physiology or pathology of the nervous system) by the scientific investigations of our physiologists, is rather puzzling. At all events, notwithstanding such confident, thorough and exhaustive study, we point out to Dr. Beard the fact that nervous diseases and insanity

are far from uncommon among the Tartars and Samoydes, the Abyssinians, the Arabs, the Africans, and the savages of Oceanica, as described by Cochrane, Leighton Wilson, Rich and Launder, Bertherand, Brierre-de-Boismont, Maury, and other authors on travels, and by physicians, whose valuable and well known writings would seem to have escaped Dr. Beard's attention. The furious *imerachism*, and the hysterical fits of constant hiccup, with the fixed idea of being possessed by an evil spirit, exhibited by the Samoydes, as well as the notions of the Arabs, Abyssinians and Africans about epilepsy and insanity, have been subjects of study now familiar to alienists and anthropologists. We are, therefore, led to believe, after such a remarkable want of completeness in researches which he vouches to be "fully as extensive and trustworthy as those which Mr. Herbert Spencer has since made in his work on sociology," that Dr. Beard's estimation of the superiority of the savage, in his knowledge and treatment of insanity, need only to be stated to show his absurdity or his animus. Blind to the advancements of mental science, and to the manifest perfection of lunatic asylums throughout the civilized world, and particularly in his own country, must be the American physician who feels no embarrassment in saying: "Indeed, if I were suddenly taken insane, I would rather take my chance with many savage or barbarian tribes, with the water cure which they sometimes employ, if near rivers or other streams of water, than in many of the asylums of the civilized world."

Finally, from whatever standpoint we regard this attempt of Dr. Beard to elucidate the problems of insanity, we are forced to acknowledge that he completely fails; and that, while his style seems mainly directed to the lay reader, he is often wanting in that

moderate estimate of his own worth and importance, which distinguishes men of learning. Should the scientific value of the paper have called for any praise or commendation, there would have been no occasion therefor, after the manner in which its author extols the excellence of his ideas. Nor could we seriously consider paradoxes, put forward by a fecund imagination, to elucidate problems of insanity that admit of no other solution than that derived from the practical results of sound experience.

E.

NOTE.—In the pamphlet which our London correspondent has reviewed, I find on page thirty-two, the following: "By invitation of my friend Dr. Judson B. Andrews, of the Utica Asylum, I illustrated these methods on patients in that Asylum also, a number of years ago," referring to what he has said of the different methods of general faradization and general galvanization.

I feel it my duty as one of the editors of the JOURNAL, and a medical officer of the Asylum, to say that Dr. Beard never illustrated the use of a battery upon any patient in the Utica Asylum, at my request, or to my knowledge. A casual conversation of a few moments, in the office, upon the subject of electricity and its application, is the only ground he has for the assertion. Such looseness of statement should not appear in an article claiming scientific accuracy.—JUDSON B. ANDREWS.

Obliteration and Renewal of Brain Function.

Arrest and release, or re-assertion of a part of, if not all cerebral functions, is not infrequent—instances of the kind occur under the observation of every general practitioner. Suspensions of brain function, generally partial, are usually brief and alternating. Obliterations of mental function, and renewals of the same are rare phenomena.

The instance recorded in *The Brain*, for April, 1879, and copied in the JOURNAL, for July, 1880, is exceedingly interesting. In over thirty years' observation, I have seen but one case.

Miss ——— aged about 30, unmarried, of ordinary intelligence and common school education, in fair health, previous to attack, in the autumn of 1846, was seized with an intermittent, as I supposed, and took, by direction, three doses of sulp. quinine, of six grains each, at intervals of three hours. I found, on examination the following morning, my patient paralyzed on the right side, and unable to communicate. The next day, I discovered dry gangrene surrounding the great toenail of the left foot, and extending up the extremity. The gangrene progressed quite rapidly, until a line of separation marked its arrest at upper third of tibia, in front, but reaching only part way up the fleshy calf posteriorly. The woman's general health had begun to improve, without any apparent mental capacity, however, and I amputated the leg, by circular incision over tibia, and transfixing muscles in the rear—cutting down and out, to secure flap. My knife cut through a sack of pus under the belly of the muscles, but the muscles and integument appearing healthy, I dissected away the pus sack, and dressed. Healing took place kindly, and the woman in the course of a few weeks, became quite fleshy. The right paralysis disappeared gradually; but, on the re-appearance of mental activity it was discovered that the woman, so far as mental phenomena were concerned was a new-born creature. She had to learn everything *de novo*. She had no memory of previous existence or circumstances. She learned much more rapidly than an infant learns; but had everything to learn. I kept track of the case six years, but know nothing of subsequent history.

ORPHEUS EVERTS, M. D.,

AUGUST, 1880.

Cincinnati Sanitarium.

Editors American Journal of Insanity:

NEW YORK, 41 WEST TWENTIETH STREET.

DEAR SIRs:—Having been selected by the Paris Committee (Messrs. Ranvier and Dumontpallier) having charge of the subscription for a monument or memorial to the late Prof. Claude Bernard, to represent them in the United States, I beg leave to be allowed to use your columns for the purpose of appealing to the members of the medical profession, and all others interested, to subscribe to this worthy project. I need hardly remind your readers of the great debt which every practicing physician owes to the labors of the illustrious physiologist, whose memory we are asked to honor in this way. All inquiries and subscriptions, in the shape of bank-checks or postal money-order, should be addressed to me.

Trusting that I shall have the advantage of your active personal support in this matter, I remain,

Yours, very respectfully,

E. C. SEGUIN, M. D.

Editors American Journal of Insanity:

DEAR SIRs:—In the presence of and assisted by Drs. Dodge and West, in June last, I removed the brain of J. Perry Radford, of Oneida Castle, who is supposed to have been killed by a blow on the side of the head. The brain weighed fully sixty ounces, which seems to me worthy of record. The man was sixty years old; a shoemaker; had a remarkable memory and was altogether a brilliant man for one in his position.

Your obedient servant,

C. H. PERRY, M. D.

ONEIDA, N. Y.

SUMMARY.

—Dr. Calvin S. May has resigned the Superintendency of the State Lunatic Hospital at Danvers, Mass.

—Dr. H. F. Carriel was in July last re-elected Superintendent of the Central Illinois Hospital for the Insane, at the expiration of ten years of service in that Institution.

To Miss D. L. Dix, on Receiving a Letter, of which the Following is an Extract :

“DEAR DOCTOR GRAY:—I have sent you two large compound Kaleidoscopes, which I wish you to place in your convalescent wards, for the amusement of your patients.”

I.

How many eyes thy goodness see,
How many hearts thy goodness feel,
Yet, half the measure of thy love
This life to thee can not reveal.

II.

If doing all that strength can do,
If giving all that life can give,
Did measure half thy loving work
How many lives in thine would live !

III.

But half thy work is in the dark
To all but Him who sees the thought,
Who sees it stealing on the march,
To heal the fainting, breaking heart.

IV.

To write the story of Christ's love
On human hearts, in deeds like thine,
Seems like a mission from above,
And makes the human seem Divine.

V.

No greater work than this is done,
To do Christ's labor for the poor.
As He to thee example gave
So thou hast wrought it o'er and o'er.

VI.

In thy long years of loving work,
Wherever wretched find a place,
Asylum, Poor House, Prison,—all
Have heard thy footsteps, seen thy face.

VII.

Is a poor wanderer seeking home,
Or comes a weary broken mind?
Thy Angel standeth at the gate,
"Enter, our Father room will find."

VIII.

Wherever human minds are wrecked,
Wherever sorrow sits and weeps,
Thy name is heard in deeds of love,
Thy Angel constant vigil keeps.

By a Lunatic

JOHN P. GRAY.

STATE LUNATIC ASYLUM, Utica, N. Y.

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We acknowledge the receipt of the following Foreign Reports:

ENGLAND.—*Eighty-Second and Eighty-Third Reports of the Friends' Retreat, near York; Report of the West Riding Pauper Lunatic Asylum, Wakefield; Report of the South Yorkshire Pauper Lunatic Asylum, Wadsley; Reports of the County Lunatic Asylums at Prestwich and Lancaster; Twenty-Eighth Report of the Derbyshire County Lunatic Asylum; Thirty-Second Annual Report of the Somerset and Bath Pauper Lunatic Asylum; Thirty-First Annual Report of the Somerset County Pauper Lunatic Asylum; Twenty-Fourth and Twenty-Seventh Annual Reports of the County and City of Worcester Pauper Lunatic Asylum; Twentieth Annual Report of the Sussex County Lunatic Asylum, Haywards Heath; Twenty-Second Annual Report of the Cambridgeshire, Isle of Ely and Borough of Cambridge Pauper Lunatic Asylum; Thirty-Third Annual Report of the Devon Lunatic Asylum; Tenth Annual Report of the Lunatic Asylum for the Borough of Leicester, situate at Humberstone; Twenty-Ninth Annual Report of the Asylum for the Insane Poor of the County of Wilts; Annual Report of the Asylum for Idiots, Earlswood, Surrey.*

WALES.—*Fifteenth Annual Report of the Joint Counties Asylum, Carmarthen; Twenty-Seventh Annual Report of the Joint Lunatic Asylum, Abergavenny.*

SCOTLAND.—*Annual Reports of the Royal Edinburgh Asylum for the Insane, for the years 1878 and 1879; Fortieth Annual Report of the Crichton Royal Institution and Southern Counties Asylum; Fifty-Ninth Annual Report of the Dundee Royal Asylum for Lunatics; Report of the Royal Lunatic Asylum of Montrose; Sixty-Fourth, Sixty-Fifth and Sixty-Sixth Annual Reports of the Glasgow Royal Asylum, Gartnavel.*

IRELAND.—*Annual Report of the Clonmel District Lunatic Asylum; Fiftieth Report of the Belfast District Hospital for the Insane.*

NEW SOUTH WALES.—*Report of the Inspector General of the Insane, 1879.*

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On human hearts, in deeds like thine,
Seems like a mission from above,
And makes the human seem Divine.

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